

Name  
In  
Full

Louisa Albert

No 51  
CERTIFICATE OF DEATHTO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Frederick</i> <sup>Town</sup>		<i>Carroll</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1906</i>	Month <i>Aug</i>	Day <i>3</i>	Age <i>62</i>	Months <i>1</i> Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Carroll Co Md</i>		
Occupation <i>Teacher</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>Alfred</i>				
Father's Name <i>Robert Albert</i>			Father's Birthplace		
Mother's Maiden Name <i>"</i>			Mother's Birthplace		
Name of person giving information <i>Albert</i>			How related to deceased <i>Son</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Pneumonia</i>	How long <i>one week</i>
Immediate <i>"</i>	How long <i>one week</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. J. B. B.</i>
	Address <i>Westminster Md</i>
Accident or Suicide? <i>—</i>	

Zinksalz

Name  
in  
Full

Mary E. Aldridge

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at <sup>Town</sup> Dykesville<sup>County</sup> CarrollDate of death 1906 <sup>Month</sup> August <sup>Day</sup> 31<sup>st</sup>Age <sup>Years</sup> 74<sup>Months</sup>

Sex Female

Color or Race White

Birth-place Md

Occupation None

Where Residing if not at place of death -

Married, Single or Widowed Single

Name of Wife or Husband -

Father's Name Alfred Aldridge

Father's Birthplace Md.

Mother's Maiden Name Nancy Selby

Mother's Birthplace Md.

Name of person giving information Mrs Webb

How related to deceased (Friend)

## CAUSES OF DEATH

Primary Typhoid Fever  
& Exhaustion

How long 3 weeks

Immediate

How long -

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

John Norfolk Morris, M.D.,  
Address Springfield State Hospital,  
Dykesville, Carroll Co., Md.

Accident or Suicide? -



Name  
In  
Full

## CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County				
Date		Month	Day	Years	Months	Days		
of death		1906	Aug	28	Age	56	+	28
Sex	Male		Color or Race	White		Birth-place	Maryland	
Occupation	Labor			Where Residing if not at place of death			Union Town	
Married, Single or Widowed	married		Name of Wife or Husband		Mollie S. Arnold			
Father's Name	John Arnold				Father's Birthplace	Md.		
Mother's Maiden Name	Unknown				Mother's Birthplace	Md.		
Name of person giving information	Melvyn S. Arnold				How related to deceased	Daughter		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Valvular Heart Disease		How long	Two years
Immediate	Heart Clot		How long	Instantaneous
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	Leuter Kemp
			Address	Uniontown Md
Accident or Suicide?				



Name  
in  
Full

Frances Marie Ashburn

## CERTIFICATE OF DEATH

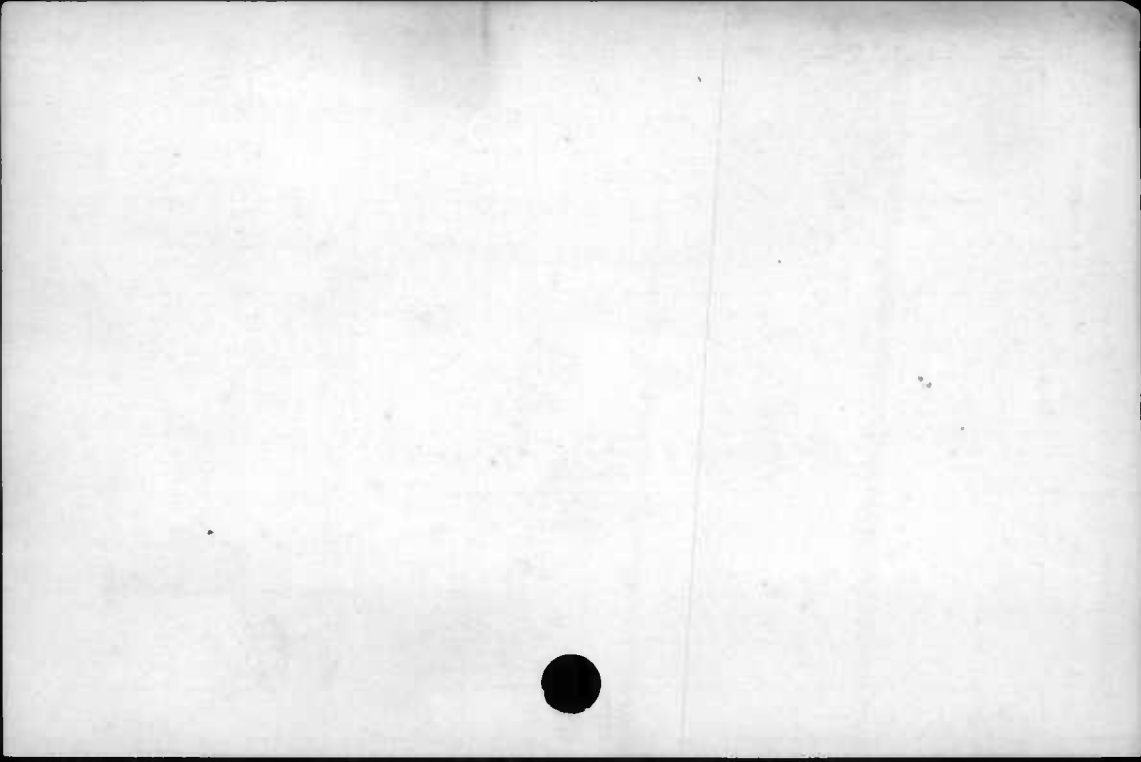
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Sykesville</i> <sup>Town</sup>		<i>Carroll</i> <sup>County</sup>		MARYLAND	
Date of death <i>1906</i>	<i>August</i> <sup>Month</sup>	<i>14</i> <sup>Day</sup>	Age <i>71</i> <sup>Years</sup>	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Va.</i>		
Occupation <i>None</i>	Where Residing if not at place of death -				
Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband				
Father's Name <i>Dawson</i>	Father's Birthplace <i>Va.</i>				
Mother's Maiden Name <i>Mary Kirkham</i>	Mother's Birthplace <i>Va.</i>				
Name of person giving information <i>Rd a P. Ashburn</i>	How related to deceased <i>Daughter</i>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Senile Dementia</i>	<i>154</i>	How long <i>about one year</i>
Immediate <i>Exhaustion</i>		How long -
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>John Norfolk Morris M.D.</i>	
	Address <i>Gringfield Hospital, Sykesville, Carroll Co. Md.</i>	
Accident or Suicide? -		



TO BE ANSWERED BY  
NEAREST FRIEND

Joseph O Bankert  
Died at Mount Pleasant

County Carroll

MARYLAND

Date of death 1904 August 23

Age 3 Years 3 Months 26 Days

Sex Male

Color or Race White

Birth-place Carroll Co

Occupation

Where Residing if not at place of death

Married, Single or Widowed?

Name of Wife or Husband

Father's Name Edward Bankert

Father's Birthplace Ind

Mother's Maiden Name Annie Bernick

Mother's Birthplace Ind

Name of person giving information John Bernick

How related to deceased Grand Father

CAUSES OF DEATH

Primary

Cerebral Palsy  
convulsions

How long One week

How long

mediate

At the name, age, sex, color, date a. J place correctly given above?

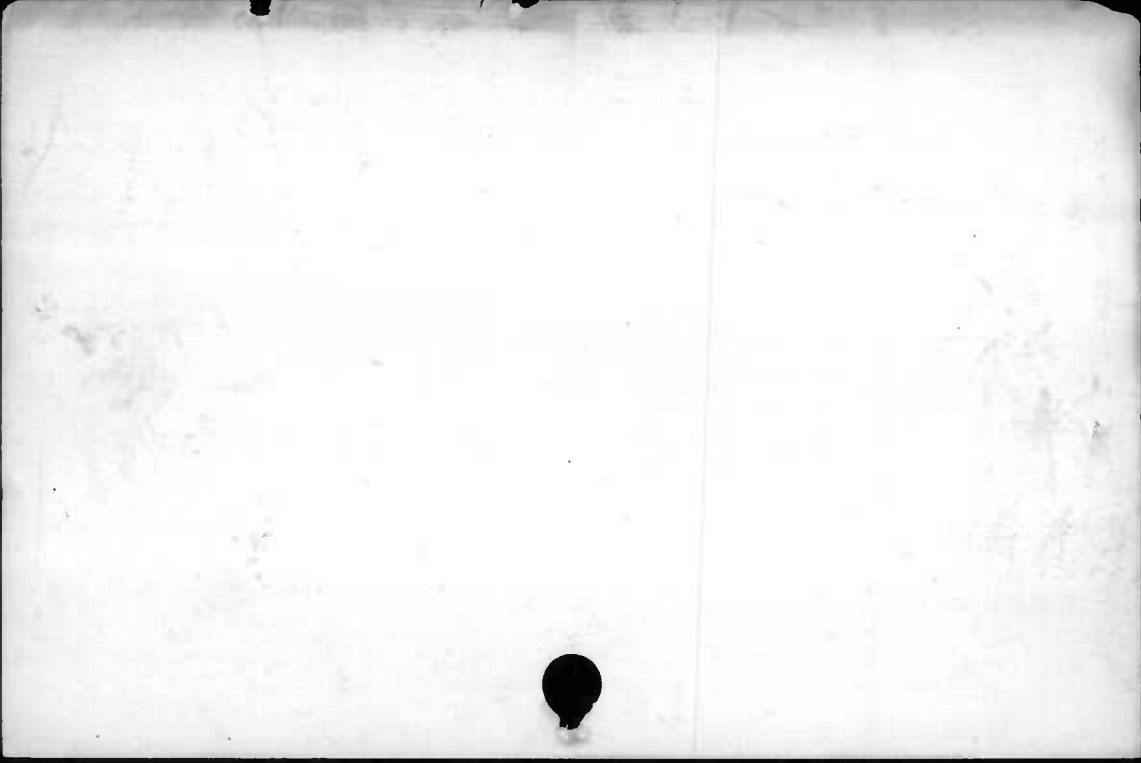
Yes

Signature of Physician

J. J. Stewart  
Address Union Mills Ind

Accident or Suicide?

PHYSICIAN  
OR CORONER



Name  
in  
Full

Catherine C. Betz

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Eggsville</i> <small>Town</small>		<i>Carroll</i> <small>County</small>		MARYLAND	
Date of death <i>1906</i>	<i>August</i> <small>Month</small>	<i>9<sup>th</sup></i> <small>Day</small>	Age <i>34</i> <small>Years</small>	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Md.</i>		
Occupation <i>Housewife</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Married</i>	Name of Husband <i>John W. Betz</i>				
Father's Name <i>David Powell</i>	Father's Birthplace <i>England</i>				
Mother's Maiden Name <i>Catherine Cook</i>	Mother's Birthplace <i>Md.</i>				
Name of person giving information <i>John W. Betz</i>			How related to deceased <i>Husband</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Chronic Interstitial Nephritis</i>	How long <i>over 4 months</i>
Immediate <i>Exhaustion</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>John Norfolk Morris, M.D.</i>
	Address <i>Springfield State Hospital Eggsville, Carroll Co. Md</i>
Accident or Suicide? <i>—</i>	



Name  
in  
Full

Henry Braumock

## CERTIFICATE OF DEATH

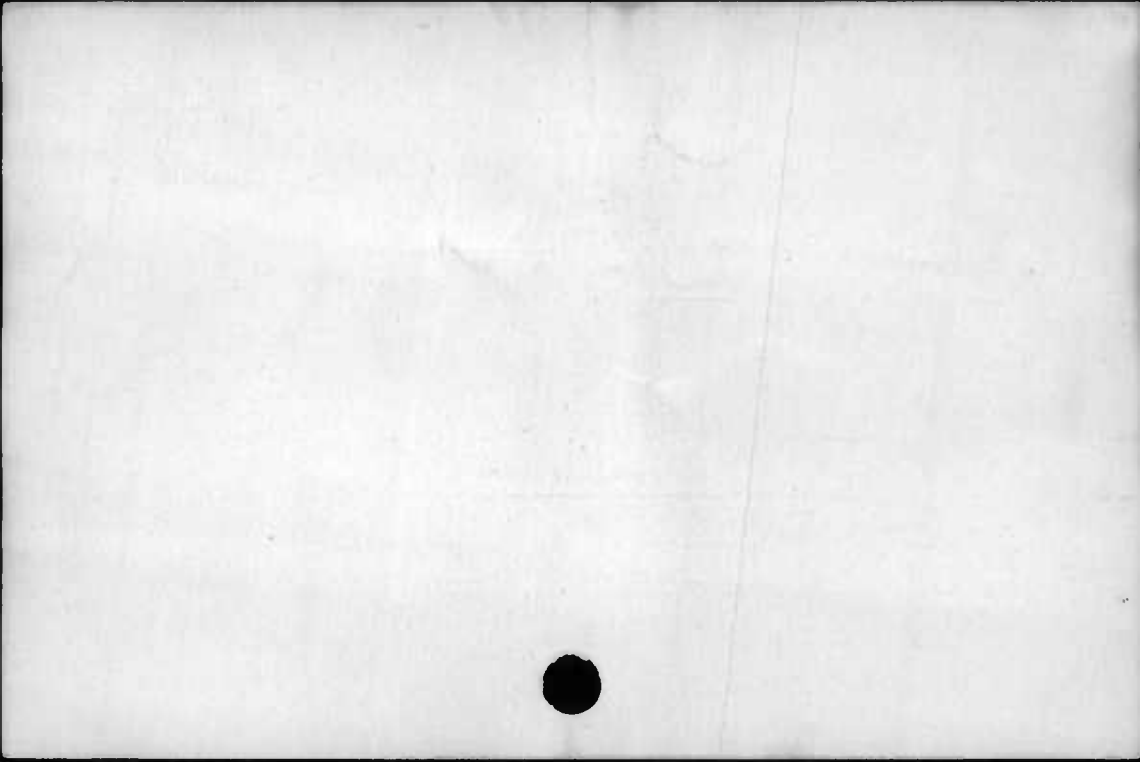
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Springfield Hospital, Sykesville, Carroll</i>		County		TOWN		MAYLAND	
Date of death	1906	Month	8 <sup>th</sup>	Day	9 <sup>th</sup>	Age	58
Sex	Male	Color or Race	White	Birthplace	Milton Md.	Months	Days
Occupation	Oysterman	Where Residing if not at place of death					
Married, Single or Widowed	Married	Name of Wife	Sarah Elizabeth Braumock				
Father's Name	Henry Braumock	Father's Birthplace	Maryland				
Mother's Maiden Name	Elizabeth ?	Mother's Birthplace	Maryland				
Name of person giving information	Hospital records.					How related to deceased	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Terminal Dementia	How long	5 years.
Immediate	Tubercular Pneumonia	How long	12 days.
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
To best of my knowledge.		W. Henry Fisher M.D.	
Accident or Suicide?		Address	
None.		Sykesville Md.	



Name  
in  
Full

Samuel B Bricker

## CERTIFICATE OF DEATH

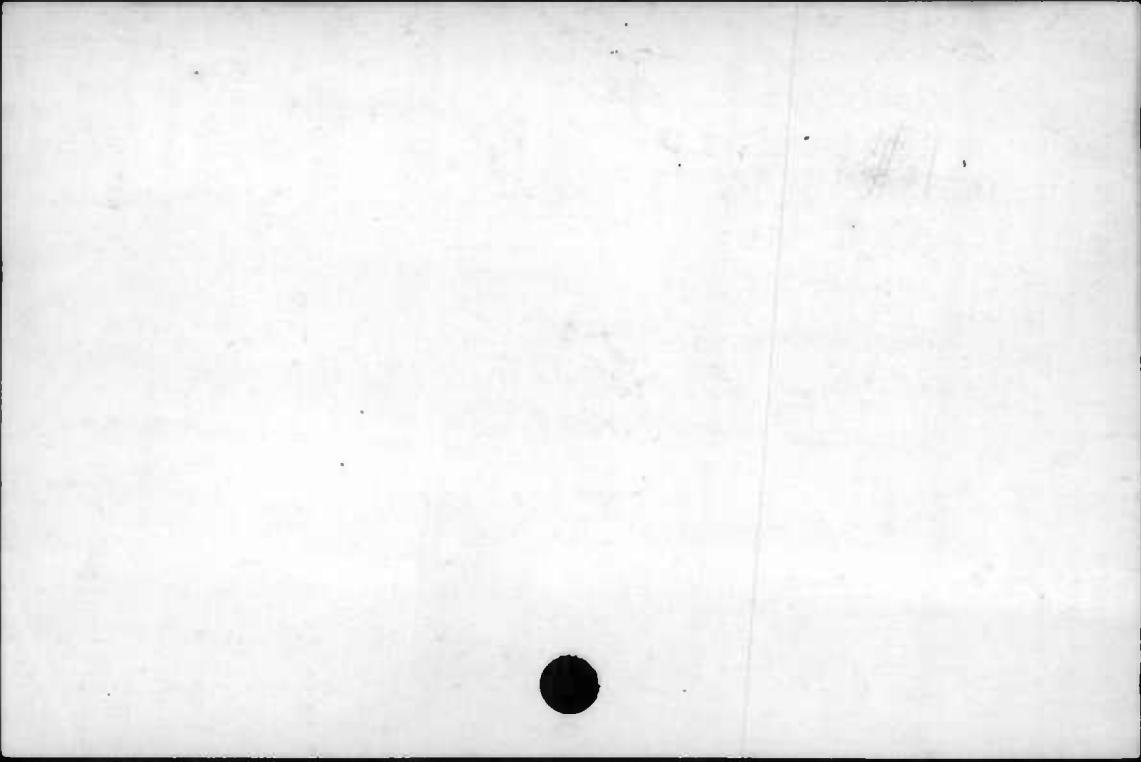
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Taneytown</u> <sup>Town</sup> <u>Carroll</u> <sup>County</sup>		MARYLAND	
Date of death	1906	Month 8	Day 3
Age	53	Years	Months 4
Sex	Male	Color or Race	White
Occupation	Farmer	Birth-place	Mod
Where Residing if not at place of death		Blair L Bricker	
Married, Single or Widowed	Married	Name of Wife or <del>Husband</del>	Clara L. Bricker
Father's Name	Samuel Bricker	Father's Birthplace	Pa
Mother's Maiden Name	Mariah Martin	Mother's Birthplace	Pa
Name of person giving information	William Bricker	How related to deceased	Son

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	uraemia	How long	10 hrs
Immediate	Respiratory Failure	How long	10 min
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>S. Luther Barr M.D.</u>		
	Address <u>Taneytown Md.</u>		
Accident or Suicide?			



Name

In  
Full

No 49

## CERTIFICATE OF DEATH

Cristy, Csty. Buffington

Town

County

Died at Carrollton

Canoe

MARYLAND

Date

Month

Day

Years

Months

Days

of death 1906 Aug

Age

4

14

Sex

Female

Color or  
Race

White

Birth-  
place

Maryland

Occupation

Where Residing if not  
at place of deathMarried, Single  
or WidowedName of Wife or  
HusbandFather's  
Name

Oscar Buffington

Father's  
Birthplace

Md

Mother's  
Maiden Name

Lula B. Reese

Mother's  
Birthplace

"

Name of person giving  
Information

Noah Reese

How related  
to deceased

Grandfather

## CAUSES OF DEATH

Primary

Cholera Infantum

How long

2 days

Immediate

"

"

How long

"

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Address

Jas. J. Thompson  
M.D.  
Md

Accident or Suicide?

—

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

Samuel E. Carr

No 50  
CERTIFICATE OF DEATHTO BE ANSWERED BY  
NEAREST FRIEND

Died at		Franklinville		Carroll		County		MARYLAND	
Date of death	1906	Month	Aug	Day	1	Age	55	Years	Months
Sex		Male		Color or Race		White		Birth-place	
Occupation		Farmer		Where Residing if not at place of death					
Married, Single or Widowed		Married		Name of Wife or Husband					
Father's Name		James Carr		Father's Birthplace		Carroll Co Md			
Mother's Maiden Name		Sarah E. Shultz		Mother's Birthplace		" " "			
Name of person giving information		Augustus Carr		How related to deceased		Son			

## CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Alcoholism	How long	Many years
	Immediate	Hardening of stomach & liver	How long	Several months
	Are the name, age, sex, color, date and place correctly given above?		Think so	
	Signature of Physician		D. F. Shipley, M.D.	
Address		Westminster		
Accident or Suicide?				Mod.

Salem N.E. Cemetery Bloom

Name  
in Full

CERTIFICATE OF DEATH

*James Elliott*

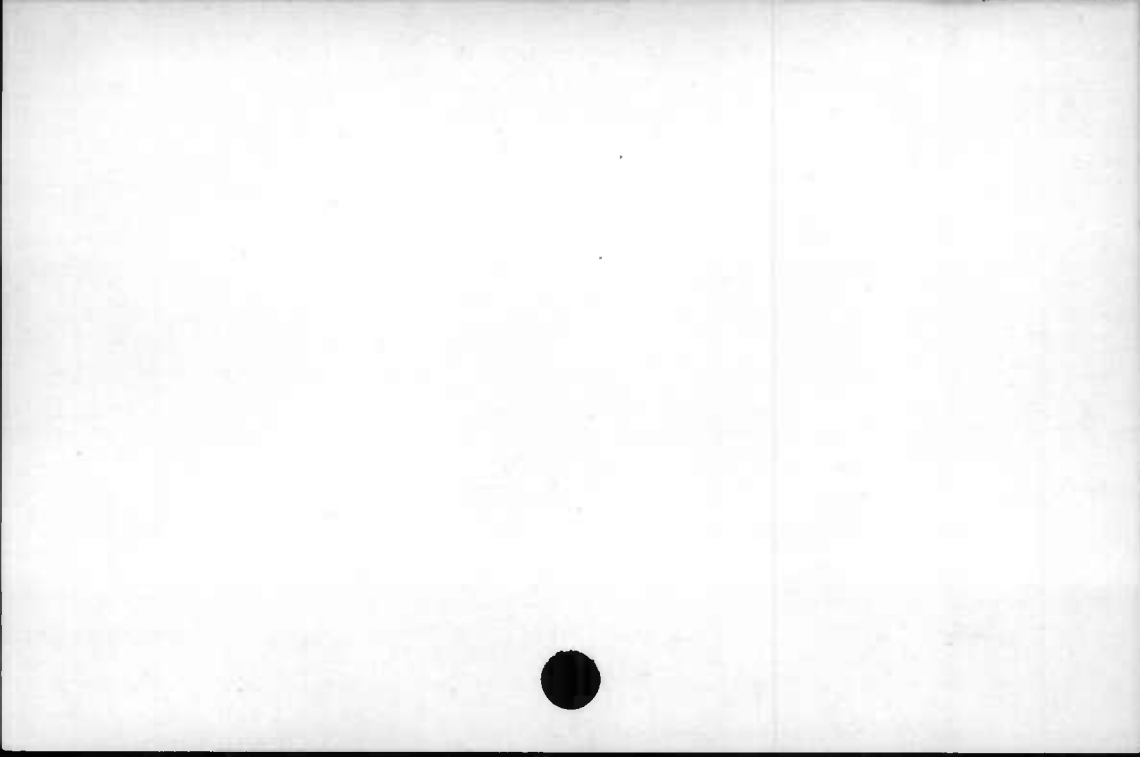
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Int. City</i> <sup>Town</sup>		<i>Carroll</i> <sup>County</sup>		MARYLAND	
Date of death <i>1906</i> <sup>Month</sup> <i>August</i> <sup>Day</sup> <i>1st</i> <sup>Age</sup> <i>—</i> <sup>Years</sup>		<i>—</i> <sup>Month</sup> <i>1</i> <sup>Days</sup> <i>Some</i>			
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Baltimore</i>	
Occupation <i>—</i>		Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>don't know</i>		Father's Birthplace <i>don't know</i>			
Mother's Maiden Name <i>"</i>		Mother's Birthplace <i>"</i>			
Name of person giving information		How related to deceased			

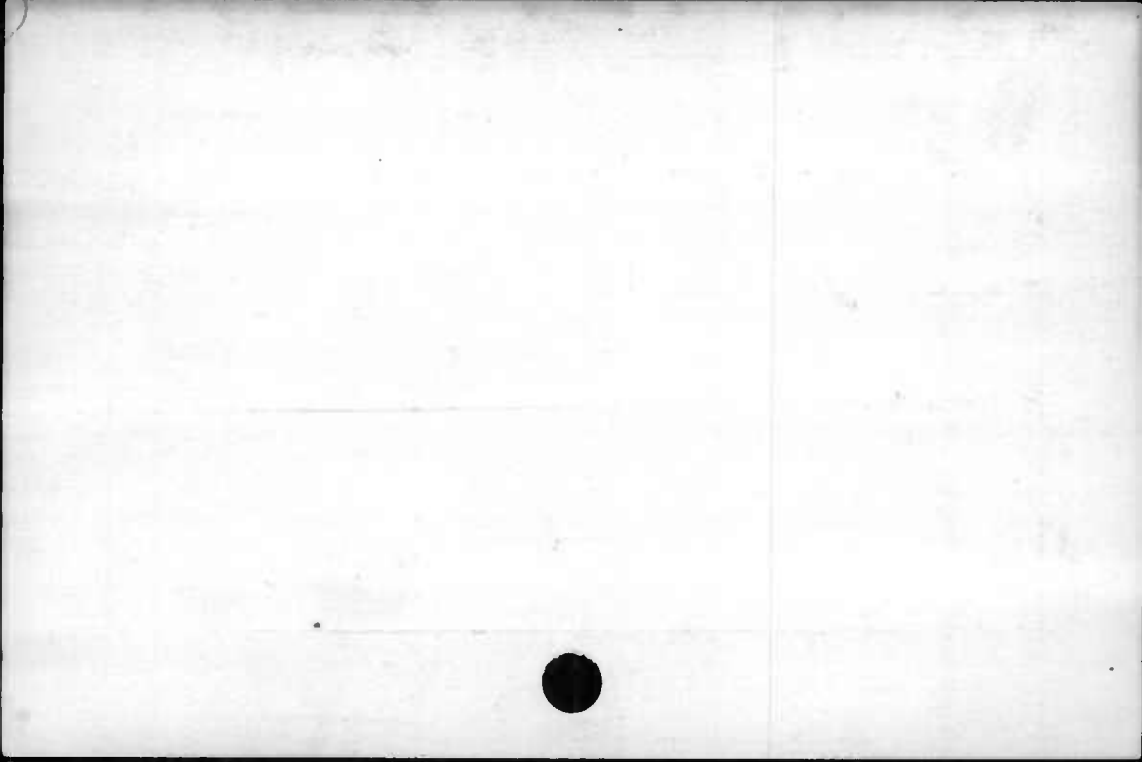
CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>My arasmus</i>	How long	<i>151</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Dr. E. Guver</i>	
		Address <i>Int city Md</i>	
Accident or Suicide?			



Name in Full		James F. Elliott				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Springfield Hospital, Carroll				MARYLAND	
	Date of death	1906	Month 8 <sup>th</sup>	Day 5 <sup>th</sup>	Age 50	Months —	Days —
	Sex	Male		Color or Race	White		Birth-place
	Occupation	None		Where Residing if not at place of death			
	Married, Single or Widowed	Single		Name of Wife or Husband			
	Father's Name	John Elliott				Father's Birthplace	Maryland.
	Mother's Maiden Name	Caroline ?				Mother's Birthplace	Maryland.
Name of person giving information	Hospital Records.				How related to deceased		
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Dementia				How long	20.7 years ?
	Immediate	Organic Heart disease				How long	3 days.
	Are the name, age, sex, color, date and place correctly given above?		To best		Signature of Physician		W. Henry Fisher M.D.
	Of my knowledge.		Address		Sykesville		
	Accident or Suicide?		None.		Md.		



Name in Full

Certificate of Death

Frank Eusor

Town

County

Died at Union Bridge Carroll CO MARYLAND

Date 1906 • 8 / 1 Y. M. D. Age 4 - 2 Native of Occupation

Male White ~~Marrried~~ Widower ~~Divorced~~

~~Female~~ ~~Colored~~ Single ~~Widow~~ Number of children living

Husband of \_\_\_\_\_

Wife

Father's Name Sam'l Eusor Mother's Name Margaret Eusor

Cause of Primary Cholera Infantum How long sick 3 days

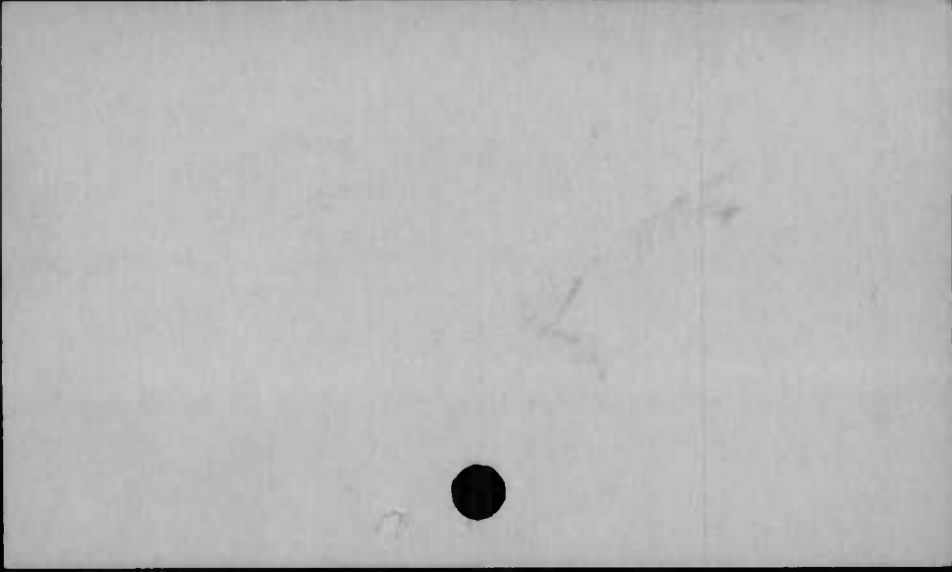
Death Immediate Shock (105) Accident, Suicide, Homicide

Reported by W. H. Hurlbin

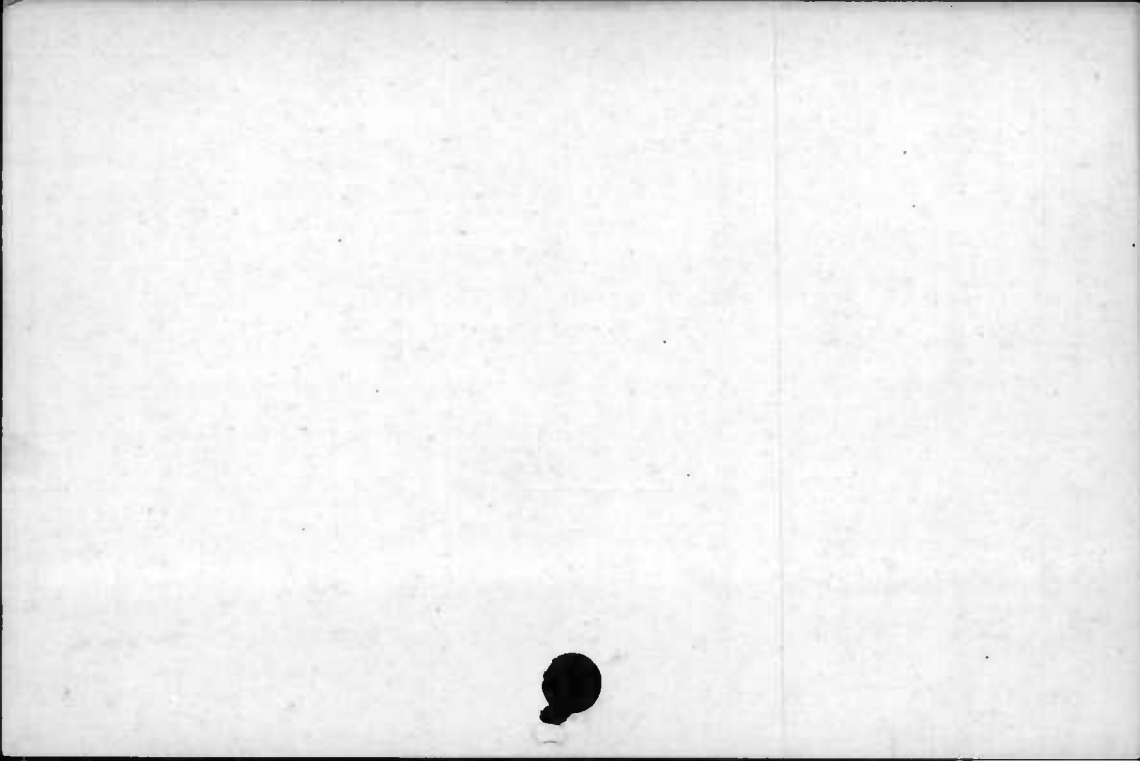
Address Union Bridge

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65958



Name in Full		CERTIFICATE OF DEATH					
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town		County		MARYLAND
	Date of death		Month	Day	Age	Years	Months
	Sex		Color or Race			Birth-place	
	Occupation				Where Residing if not at place of death		
	Married, Single or Widowed			Name of Wife or Husband			
	Father's Name					Father's Birthplace	
	Mother's Maiden Name					Mother's Birthplace	
	Name of person giving information					How related to deceased	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary					How long	
	Immediate					How long	
	Are the name, age, sex, color, date and place correctly given above?				Signature of Physician		
					Address		
Accident or Suicide?							



Name  
in  
Full

*Flohr*

CERTIFICATE OF DEATH

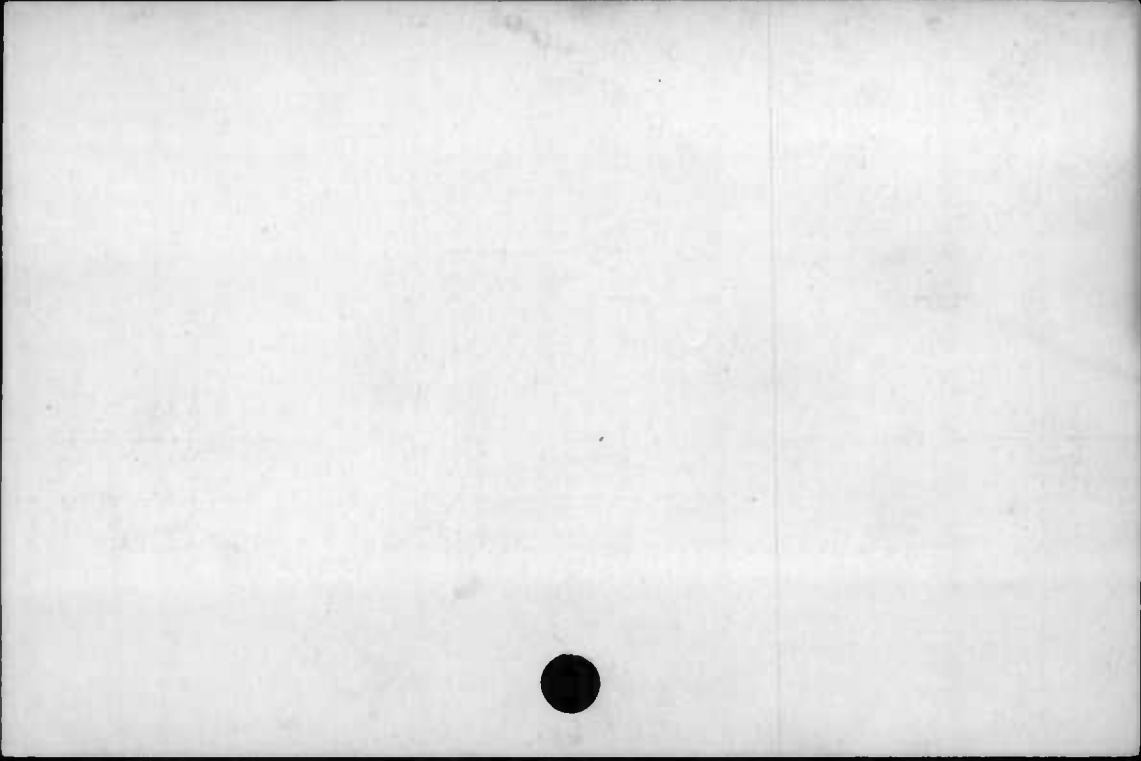
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Garnier</i>		Town		<i>Carroll</i>		County		MARYLAND	
Date of death <i>1906</i>		Month <i>Aug</i>		Day <i>5</i>		Age		Years Months Days <i>26</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Ind</i>					
Occupation _____				Where Residing if not at place of death _____					
Married, Single or Widowed _____				Name of Wife or Husband _____					
Father's Name <i>Robert J Flohr</i>				Father's Birthplace <i>Ind</i>					
Mother's Maiden Name <i>Minnie M. Webster</i>				Mother's Birthplace <i>Ind</i>					
Name of person giving information _____				How related to deceased <i>?</i>					

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Cholera infantum</i>		How long <i>2 days</i>	
Immediate <i>Exhaustion</i>		How long <i>105</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Dr S. N. Gonsouk</i>	
		Address <i>Garnier</i>	
		<i>Ind</i>	
Accident or Suicide? _____			



Name in Full

Certificate of Death

Raye Monroe Frank

Died at <sup>Town</sup> Millers

County

Carroll

MARYLAND

Date 189- 1906 Month Aug Day 20 Age 2 - 12 Y. M. D. Native of Maryland Occupation  
 Male White Married Widowed Divorced  
 Female Colored Single Widower Number of children living

 Husband  
 of

Father's Name Joseph Frank

Mother's Name Minerva E Zimmerman

Cause of Death { Primary Cholera Infantum

How long sick 3 weeks

Death { Immediate

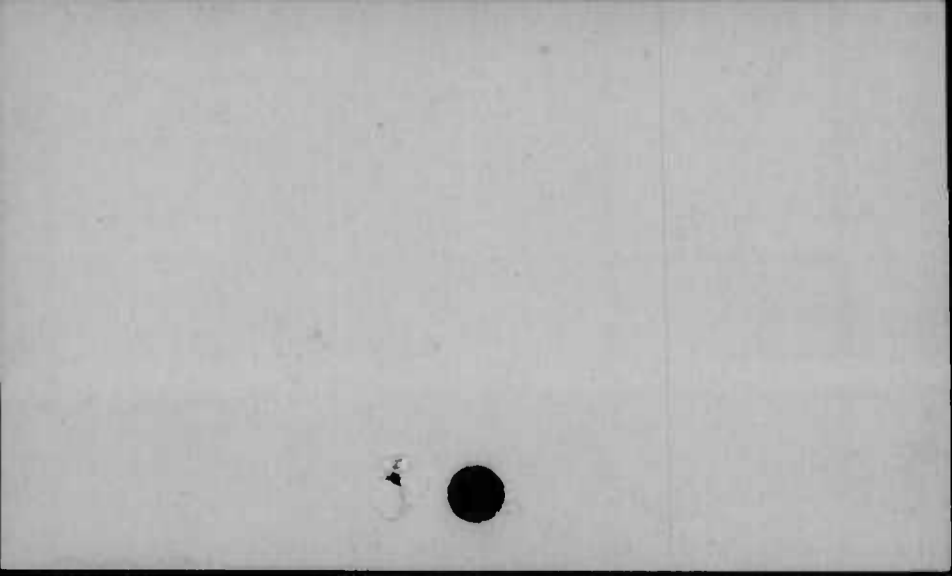
Accident, Suicide, Homicide

Reported by

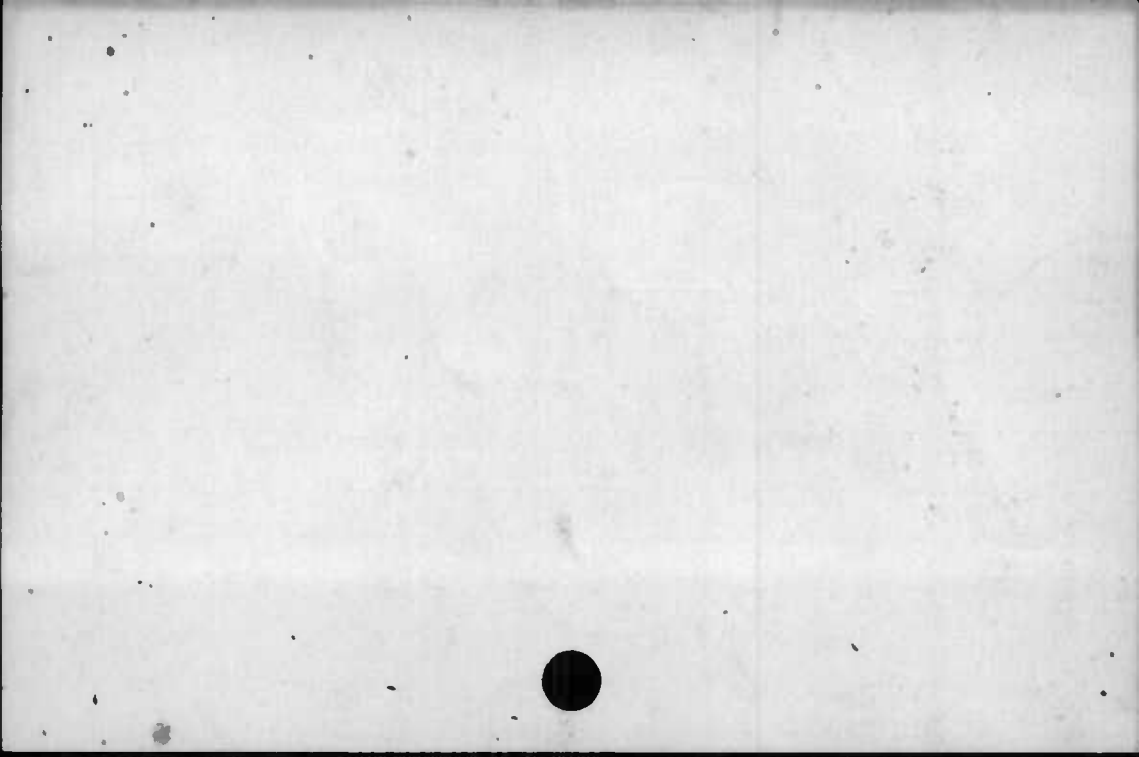
Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

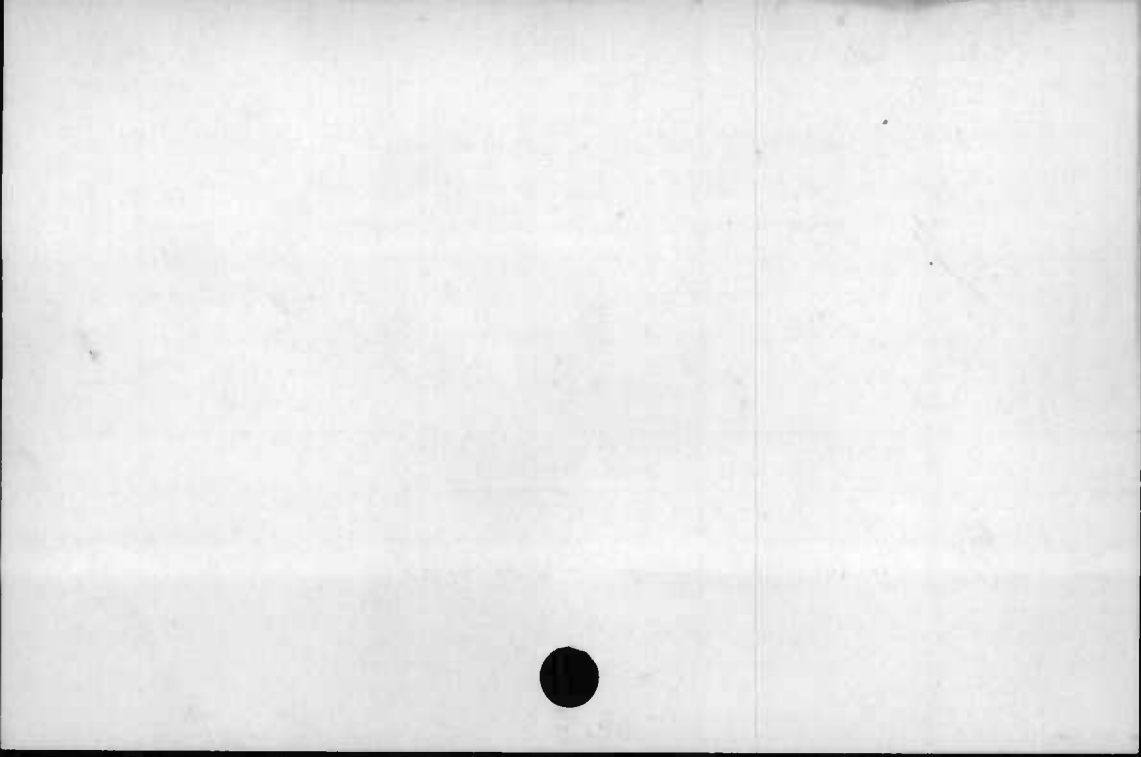
LIBRARY BUREAU, 85968



Name in Full		No 59 CERTIFICATE OF DEATH				
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Frizellburg</i> <sup>Town</sup>		<i>Carroll</i> <sup>County</sup>		MARYLAND	
	Date of death <i>1906</i>	Month <i>August</i>	Day <i>29</i>	Age <i>49</i> <sup>Years</sup>	Months <i>4</i> Days <i>21</i>	
	Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Farfield's burgo</i>		
	Occupation <i>Machinist</i>		Where Residing if not at place of death			
	Married, Single or Widowed <i>Widowed</i>	Name of Wife or Husband <i>Laura E. Marshall</i>				
	Father's Name <i>Joseph Fruman</i>	Father's Birthplace <i>Mount Pleasant</i>				
	Mother's Maiden Name <i>Mary P. Ramsey</i>	Mother's Birthplace <i>Hestonville</i>				
	Name of person giving information <i>John L. Koons</i>		How related to deceased <i>Brother Law</i>			
CAUSES OF DEATH						
PHYSICIAN OR CORONER	Primary	<i>S. Cystitis</i>		How long	<i>24 Days</i>	
	Immediate	<i>Uterine</i>		How long	<i>14 days</i>	
	Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Jacob Knecht M.D.</i>			
			Address <i>Frizellburg</i>			
	Accident or Suicide?					



Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Gibson Louise		TOWN	
		Barret		County	
		Died at		Carroll	
		Date of death		1906 Aug 3	
		Age		40	
		Sex		Female	
		Color or Race		Colored	
		Occupation		Housewife	
Married, Single or Widowed		Name of Wife or Husband		Wm Gibson	
Father's Name		Chas Klorney		Father's Birthplace	
Mother's Maiden Name		James Washington		Mother's Birthplace	
Name of person giving information		John W Klorney		How related to deceased	
				Brother	
		CAUSES OF DEATH			
PHYSICIAN OR CORONER		Primary		How long	
		Immediate		How long	
		Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Address			
		Accident or Suicide?			



Name  
in  
Full

Phillip D. Glass

## CERTIFICATE OF DEATH

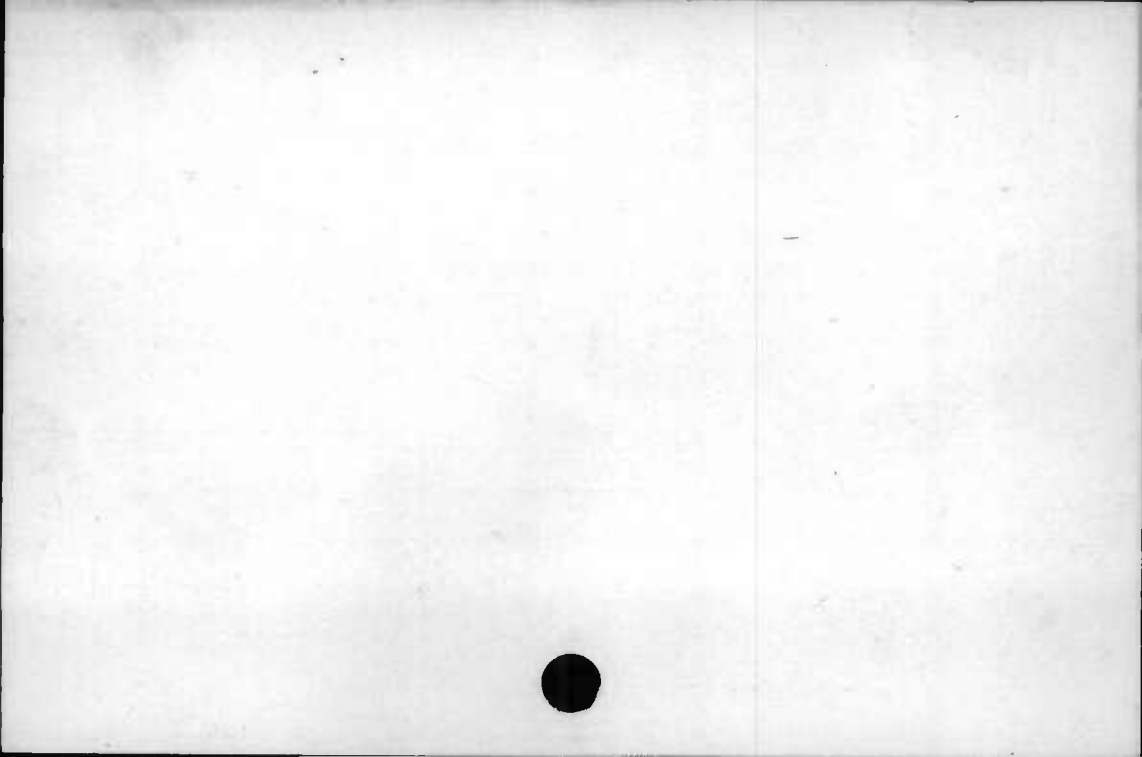
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Mt-Airy</i>		County <i>Carroll</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>August</i>	Day <i>30</i>	Age <i>1</i>	Years <i>11</i>	Months <i>10</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Ind.</i>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed		Name of Wife or Husband <i>None</i>			
Father's Name <i>David Glass</i>			Father's Birthplace <i>Ind.</i>		
Mother's Maiden Name <i>Lilly Ann Horton</i>			Mother's Birthplace <i>Ind.</i>		
Name of person giving information <i>Henry E. Stately</i>			How related to deceased <i>None</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Cholera Infantum</i>	How long <i>4 week</i>
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Thos. R. Bappington</i>
<i>Not physician</i>	Address <i>Leansville</i>
<i>Visited this child</i>	<i>Ind.</i>



Name  
In  
Full

B. H. Greenwood

## CERTIFICATE OF DEATH

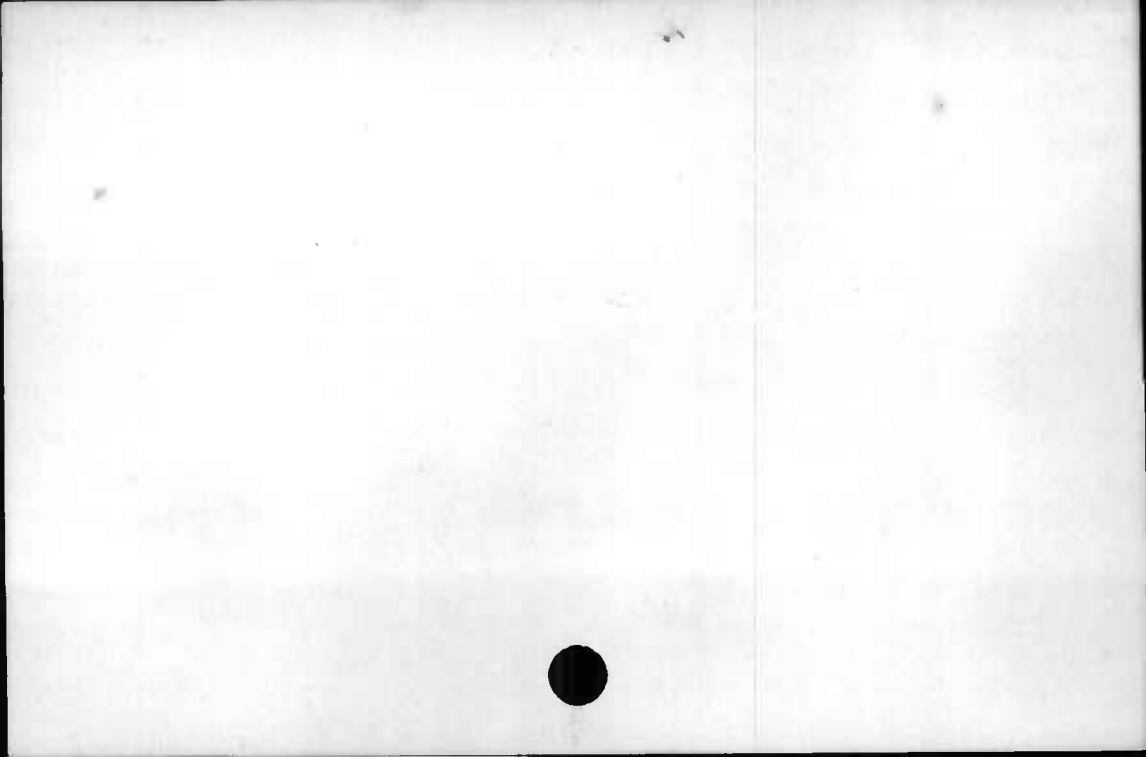
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Maraton</i>		Town <i>Carroll</i>		County		MARYLAND	
Date of death	1906	Month	Aug	Day	9	Years	Age 44
Sex	Male		Color or Race	W		Birth-place	Md
Occupation	Farmer			Where Residing if not at place of death			
Married, Single or Widowed	M		Name of Wife or Husband	E. J. Greenwood			
Father's Name	Viech Greenwood				Father's Birthplace	Md	
Mother's Maiden Name	Angeline Albough				Mother's Birthplace	Md	
Name of person giving information	J. J. Brooks				How related to deceased	W	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Chronic Bright</i>		How long	13 weeks	
Immediate			How long		
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician		<i>J. J. Brooks</i>
			Address		<i>Maraton Md</i>
Accident or Suicide?					



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Joseph I. Haines

Died at <u>Imperial</u> Town		<u>Carroll</u> County		MARYLAND	
Date of death	<u>1906</u>	Month	<u>aug</u>	Day	<u>23</u>
Age		<u>69</u>	Years	Months	Days
Sex	<u>Male</u>	Color or Race	<u>W</u>	Birth-place	<u>Ind</u>
Occupation	<u>Retired</u>		Where Residing if not at place of death		
Married, Single or Widowed	<u>M.</u>	Name of Wife or Husband	<u>Mrs. M. Haines</u>		
Father's Name	<u>Rubin Haines</u>		Father's Birthplace	<u>Ind</u>	
Mother's Maiden Name	<u>Sarah Haines</u>		Mother's Birthplace		
Name of person giving information	<u>Mr. Geo. Winterson</u>		How related to deceased	<u>no</u>	

## CAUSES OF DEATH

Primary	<u>E. thymus some about 80 years</u>	How long	<u>3 years</u>
Immediate	<u>Paralysis</u>	How long	

PHYSICIAN  
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Yes

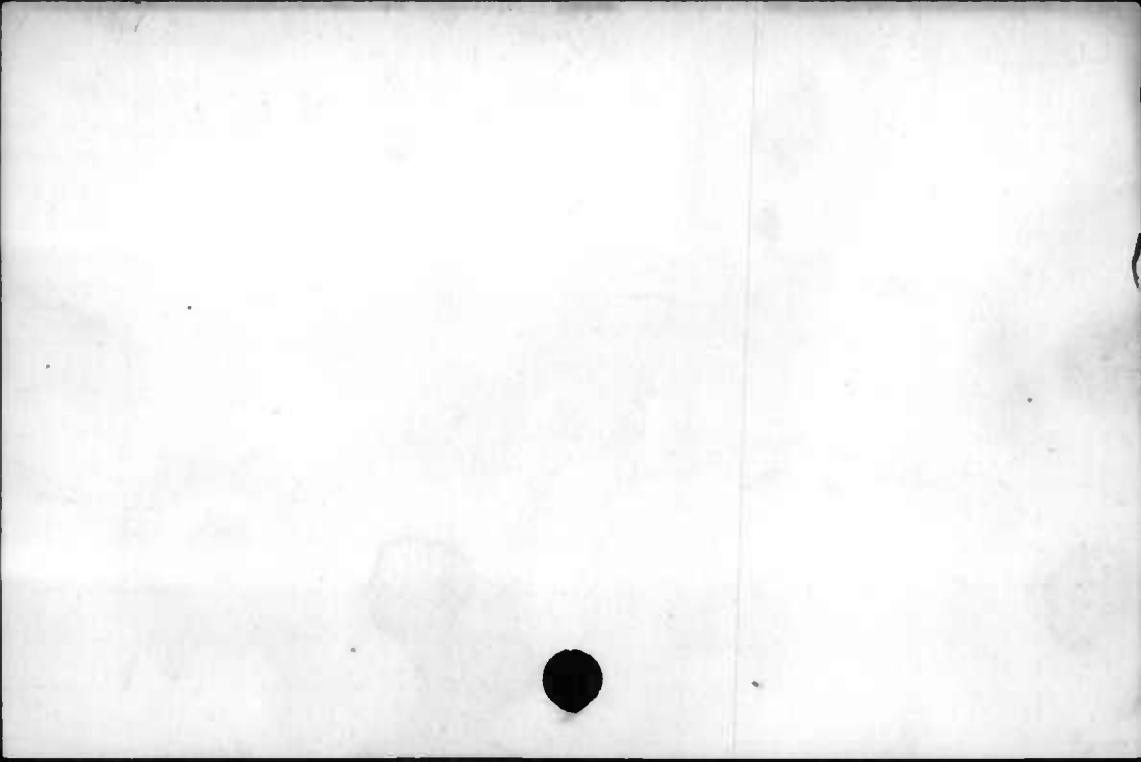
Signature of Physician

Geo. Winterson

Address

Mr. Winterson

Accident or Suicide?



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at <i>Winfield</i> <sup>Town</sup>		<i>Carroll</i> <sup>County</sup>			
Date of death <i>1906</i>	<i>8</i> <sup>Month</sup>	<i>9</i> <sup>Day</sup>	Age <i>53</i> <sup>Years</sup>	<i>—</i> <sup>Months</sup>	<i>—</i> <sup>Days</sup>
Sex <i>Male</i>	Color or Race <i>White</i>		Birthplace <i>Carroll Co. Md.</i>		
Occupation <i>Laborer</i>	Where Residing if not at place of death <i>Winfield</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Polly C. Horton nee Bair</i>				
Father's Name <i>Thomas Horton (deceased)</i>	Father's Birthplace <i>Md.</i>				
Mother's Maiden Name <i>Mary Horton (deceased)</i>	Mother's Birthplace <i>Md.</i>				
Name of person giving information <i>James A. Horton</i>	How related to deceased <i>Son</i>				

## CAUSES OF DEATH

Primary *Carcinoma of Stomach* *40* <sup>How long</sup> *8 months*

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

PHYSICIAN  
OR CORONER

Ebenezer.

Name  
in  
Full

Florence M. Howell

## CERTIFICATE OF DEATH

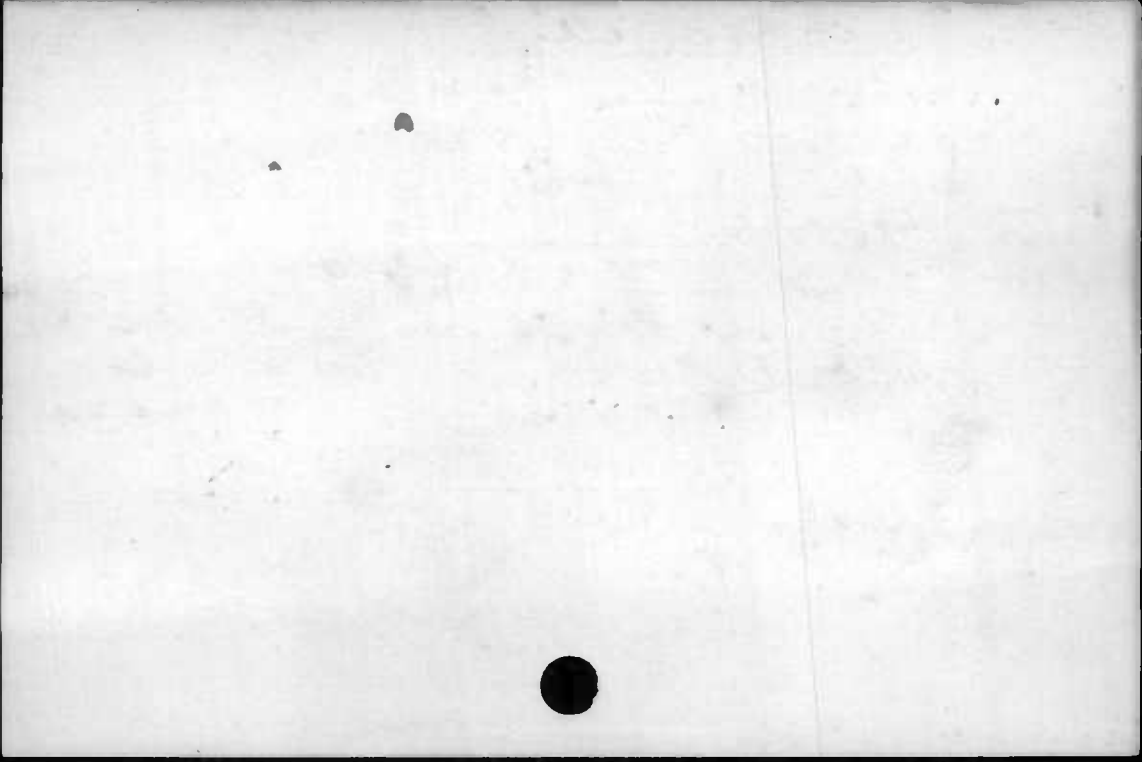
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Lykesville</i>		Town <i>Carroll</i>		County		MARYLAND	
Date of death	1906	Month	August	Day	19 <sup>th</sup>	Years	41
Sex	Female	Color or Race	White	Birth place	Md.		
Occupation	Housewife			Where Residing if not at place of death			
Married, Single or Widowed	Married			Name of <del>Wife</del> Husband <i>A. N. Howell</i>			
Father's Name	<i>William J. Rutter</i>				Father's Birthplace <i>?</i>		
Mother's Maiden Name	<i>Susan Rollison</i>				Mother's Birthplace <i>Md.</i>		
Name of person giving information	<i>A. N. Powell</i>				How related to deceased <i>Husband</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Tuberculosis (General)</i>	How long	<i>over 3 mo.</i>
Immediate	<i>Exhaustion</i>	How long	
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>John Norfolk Morris M.D.</i>
		Address	<i>Springfield State Hospital Lykesville, Carroll Co. Md</i>
Accident or Suicide?	<i>-</i>		



TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Name in Full <b>William Henry Hull</b>		In 55 CERTIFICATE OF DEATH	
Died at <b>near Westminster</b> <sup>Town</sup>		<b>Carroll</b> <sup>County</sup>	
Date of death <b>1906</b> <sup>Month</sup> <b>Aug</b> <sup>Day</sup> <b>10</b>		Age <b>68</b> <sup>Years</sup> <b>3</b> <sup>Months</sup> <b>5-</b> <sup>Days</sup>	
Sex <b>male</b>	Color or Race <b>White</b>	Birth-place <b>Carroll Co Md</b>	
Occupation <b>Farmer</b>		Where Residing if not at place of death	
Married, Single or Widowed <b>married</b>	Name of Wife or Husband		
Father's Name <b>Samuel Hull</b>	Father's Birthplace <b>Carroll Co Md</b>		
Mother's Maiden Name <b>Sofiah Nicodemus</b>	Mother's Birthplace <b>" " "</b>		
Name of person giving information <b>Harry Hull</b>	How related to deceased <b>Son</b>		
CAUSES OF DEATH			
Primary <b>Paralysis of Bowel</b>		How long <b>2 years</b>	
Immediate <b>Lobar Pneumonia</b>		How long <b>48 hrs.</b>	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <b>Eugene M Sullivan</b>	
		Address <b>146 Main St</b>	
Accident or Suicide?			

Meadow Branch Creek  
Stoner.

Name in Full		Certificate of Death			
TO BE ANSWERED BY NEAREST FRIEND		Died at <u>Alexia</u> <small>Town</small>		<u>Carroll</u> <small>County</small>	
		Date of death <u>1906</u> <small>Month</small> <u>Aug</u> <small>Day</small> <u>23</u> <small>Years</small> <u>1</u>		<u>6</u> <small>Months</small> <u>18</u> <small>Days</small>	
		Sex <u>female</u>		Color or Race <u>white</u>	
		Occupation _____		Birth-place <u>timberbranch</u>	
		Where Residing if not at place of death _____			
		Married, Single or Widowed _____		Name of Wife or Husband _____	
		Father's Name <u>Edward J. Koernes</u>		Father's Birthplace <u>timberbranch</u>	
Mother's Maiden Name <u>Marrie C. Miller</u>		Mother's Birthplace <u>Miller</u>			
Name of person giving information <u>father &amp; mother</u>		How related to deceased _____			
CAUSES OF DEATH					
PHYSICIAN OR CORONER		Primary <u>Convulsions</u>		How long <u>3 weeks</u>	
		<u>Paralacia</u>		How long <u>10 hours</u>	
		Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>[Signature]</u>	
		Address <u>[Signature]</u>		Address <u>72 Carroll</u>	
Accident or Suicide?					



Name  
in  
Full

Eliza Kreuzer

No 48  
CERTIFICATE OF DEATHTO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Westminster</i> <sup>Town</sup>		<i>Carroll</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1906</i>	Month	<i>Aug</i>	Day	<i>1</i>
Age		<i>81</i>	Years	Months	<i>10</i>
Sex	<i>Female</i>	Color or Race	<i>white</i>	Birth-place	<i>Germany</i>
Occupation			Where Residing if not at place of death		
Married, Single or Widowed		<i>Widow</i>	Name of Wife or Husband <i>Dead</i>		
Father's Name			<i>Henry / know</i>		
Mother's Maiden Name			<i>" "</i>		
Name of person giving information			<i>Charles Fritz</i>		
			How related to deceased <i>Son-in-law</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Old Age</i>	How long	<i>50</i>
Immediate	<i>Diabetes</i>	How long	<i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>L. H. Winter</i>	
		Address <i>New Windsor</i>	
Accident or Suicide?			

Unidentified

Name  
in  
Full

Clara Ellen Lambert

## CERTIFICATE OF DEATH

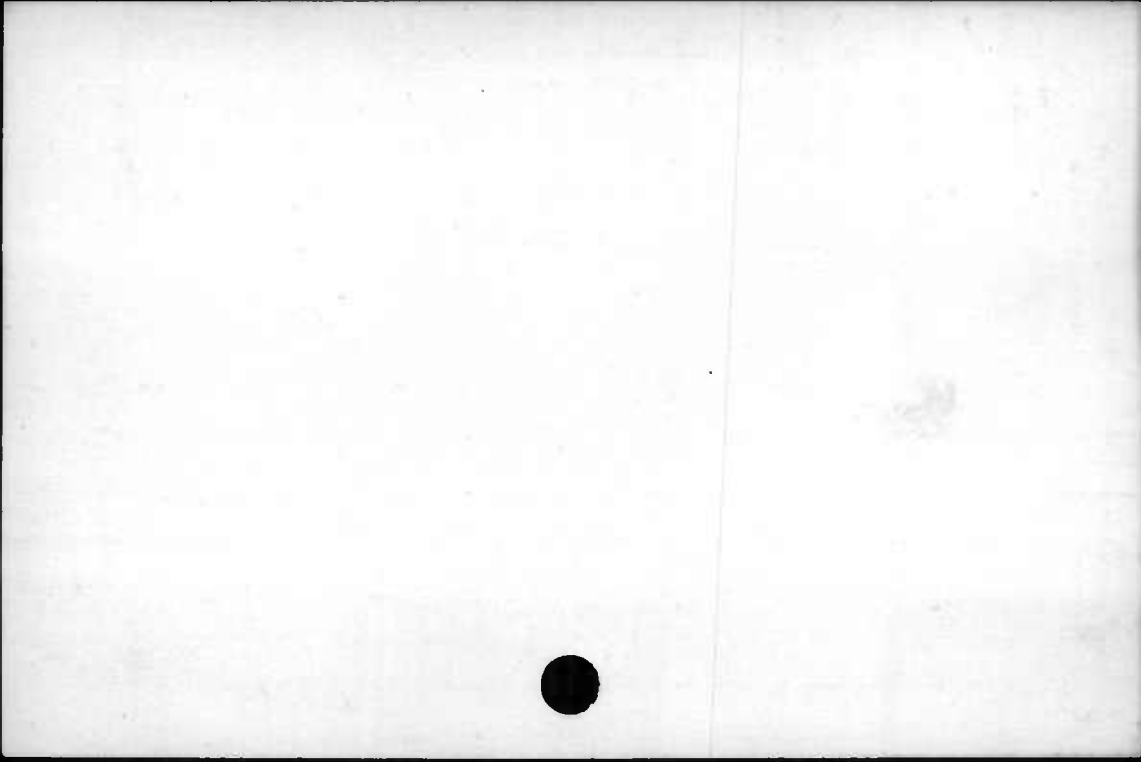
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Taneytown</u> <sup>Town</sup>		<u>Carroll</u> <sup>County</sup>		MARYLAND	
Date of death <u>1906</u>	<u>8th</u> <sup>Month</sup>	<u>22</u> <sup>Day</sup>	Age <u>          </u> <sup>Years</sup>	<u>3</u> <sup>Months</sup>	<u>21</u> <sup>Days</sup>
Sex <u>Female</u>	Color or Race <u>white</u>		Birth-place <u>Near Taneytown</u>		
Occupation <u>                                  </u>			Where Residing if not at place of death <u>                                  </u>		
Married, Single or Widowed <u>                  </u>			Name of Wife or Husband <u>                  </u>		
Father's Name <u>Harry Lambert</u>			Father's Birthplace <u>Taneytown</u>		
Mother's Maiden Name <u>Maggie Shoemaker</u>			Mother's Birthplace <u>Taneytown</u>		
Name of person giving information <u>Harry Lambert</u>			How related to deceased <u>Father</u>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Cholera Infantum</u>	How long <u>3 days</u>
Immediate <u>Convulsions</u>	How long <u>5 hours.</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Chandor M. Binner</u>
	Address <u>Taneytown</u>
	<u>Md.</u>
Accident or Suicide? <u>                  </u>	



Name  
in  
Full

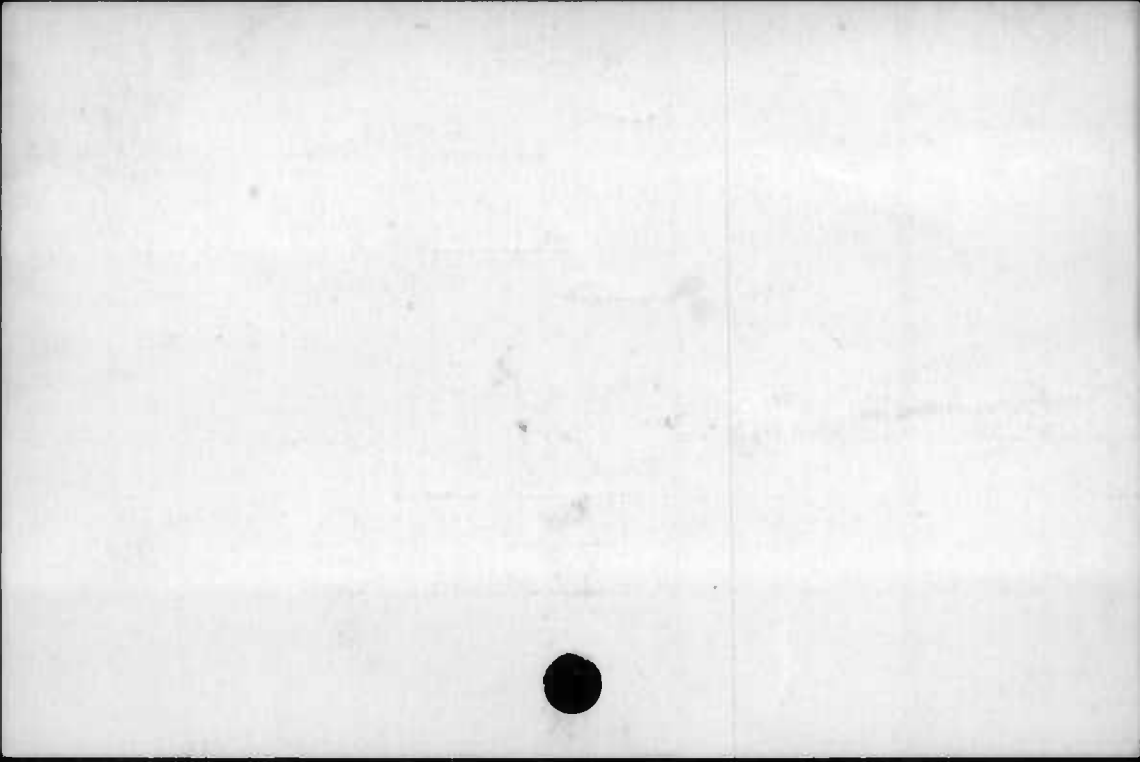
Francis W. McKeever

## CERTIFICATE OF DEATH

Died at <i>Springfield Hospital</i>		Town <i>Carroll</i>		County		MARYLAND	
Date of death	1906	Month	8 <sup>th</sup>	Day	22 <sup>nd</sup>	Age	52
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place		<i>Balto. Md.</i>	
Occupation <i>none.</i>				Where Residing if not at place of death			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>Archibald McKeever</i>		Father's Birthplace <i>Ireland.</i>					
Mother's Maiden Name <i>Eliza Sherlock</i>		Mother's Birthplace <i>Balto. Md.</i>					
Name of person giving information <i>Hospital Records -</i>		How related to deceased					

## CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	<i>Acute Organic Dementia</i>	How long	<i>6 months</i>
	Immediate	<i>Acute Cerebral Dysentery</i>	How long	<i>4 1/2 weeks.</i>
	Are the name, age, sex, color, date and place correctly given above? <i>To best of</i>		Signature of Physician <i>W. Henry Fisher M.D.</i>	
	<i>My knowledge.</i>		Address <i>Sykesville Md.</i>	
Accident or Suicide?				



Name  
in  
Full

## CERTIFICATE OF DEATH

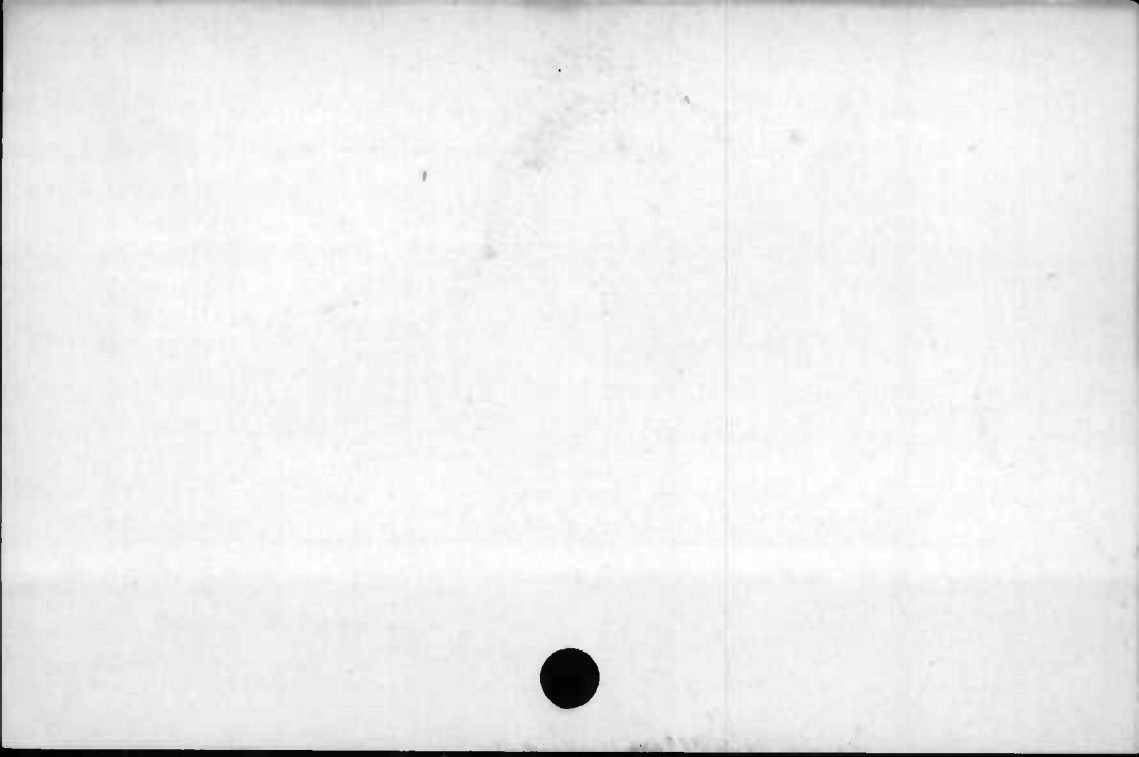
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		State	
Date of death		Month	Day	Age	Years	Months	Days
1906		August	23		—	6	15
Sex	Color, or Race			Birthplace			
	White			Manchester			
Occupation	Where Residing if not at place of death						
	Manchester						
Married, Single or Widowed	Name of Wife or Husband						
Single	Charles H. Mahley						
Father's Name	Father's Birthplace						
Charles H. Mahley	Manchester						
Mother's Maiden Name	Mother's Birthplace						
Rosa Mansely Tucker	Manchester						
Name of person giving information	How related to deceased						
Charles H. Mahley	Father						

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	How long	
Cholera de fauce	12 Days	
Immediate	How long	
Convulsion	12 hours	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	
	Address	
	Manchester	
Accident or Suicide?		



Name  
in  
Full

## CERTIFICATE OF DEATH

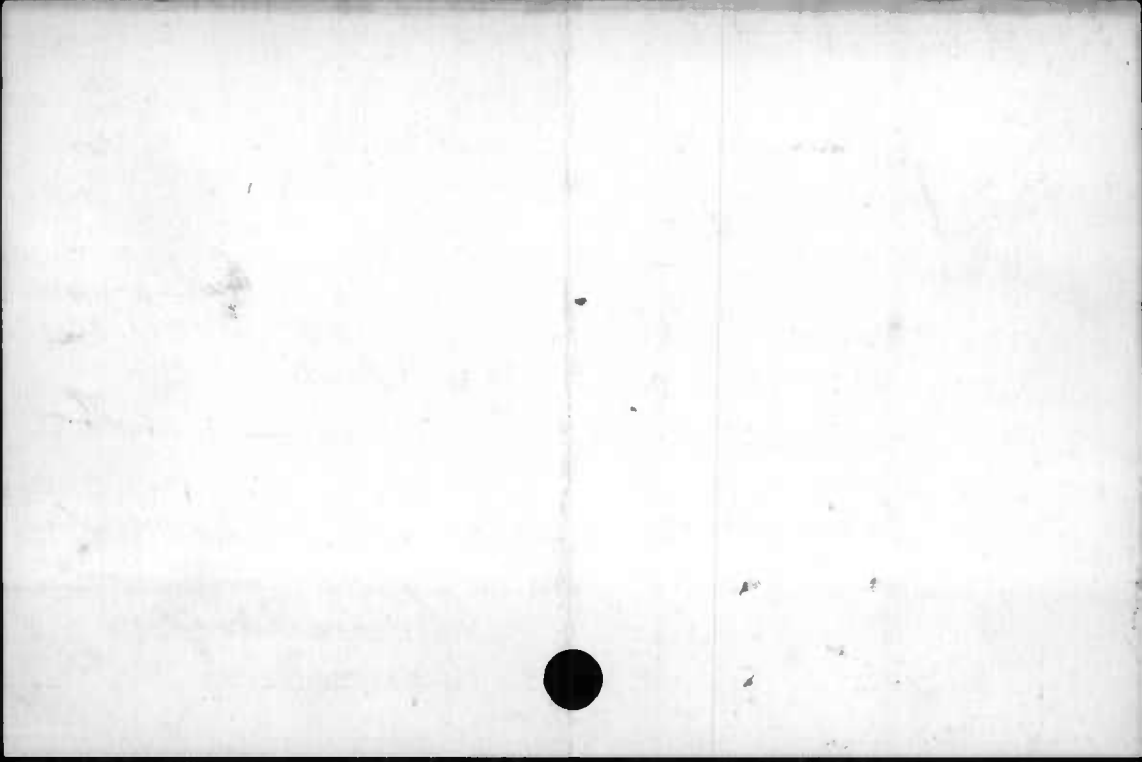
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Myers District</u> Town <u>Carroll</u> County		MARYLAND	
Date of death <u>1906</u>	Month <u>August</u>	Day <u>20th</u>	Age <u>57</u>
Sex <u>female</u>	Color or Race <u>white</u>	Birth-place <u>Myers District Carroll</u>	Months <u>6</u> Days <u>14</u>
Occupation <u></u>	Where Residing if not at place of death <u></u>		
Married, Single or Widowed <u>married</u>	Name of <del>wife</del> or Husband <u>Alonzo Maus</u>		
Father's Name <u>Samuel Myers</u>	Father's Birthplace <u>Ind</u>		
Mother's Maiden Name <u>Harriet Ditterer</u>	Mother's Birthplace <u>Ind</u>		
Name of person giving information <u>Josiah Myers</u>	How related to deceased <u>Brother</u>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Carcinoma Uterus</u>	How long <u>20 months</u>
Immediate <u>Hemorrhage</u>	How long <u>24 hours</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>Charles D. Roop</u>
	Address <u>Town town md</u>
Accident or Suicide? <u></u>	



Name  
in  
Full

Eathel May Myers

No. 53  
CERTIFICATE OF DEATHTO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Washington</i> Town		<i>Carroll</i> County		MARYLAND	
Date of death	<i>1906</i>	Month	<i>Aug</i>	Day	<i>7</i>
Age		<i>3</i>	Years	<i>4</i>	Months
Sex		<i>Female</i>	Color or Race	<i>Colored</i>	Birth-place
Occupation		<i>Carroll Co. Md</i>			
Where Residing If not at place of death		<i>Home.</i>			
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband		
Father's Name	<i>Issac F. Myers</i>			Father's Birthplace	<i>Carroll Co. Md</i>
Mother's Maiden Name	<i>Jimmie Charles</i>			Mother's Birthplace	<i>" " "</i>
Name of person giving information	<i>Issac F. Charles</i>			How related to deceased	<i>Father.</i>

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Colitis</i>	How long	<i>6 days</i>
Immediate	<i>Pneumonia</i>	How long	<i>12 hrs</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>Chas R. Fout</i>
		Address	<i>Washington</i>
Accident or Suicide?			

Ellsworth Cemetery.  
Stones.

Name  
in  
Full

Louis Nichols

No 54

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Fountain Valley		County Carroll		MARYLAND	
Date of death	1906	Month Aug	Day 8	Age Years	95	Months	9
Sex	Male		Color or Race	White		Birth- place	France
Occupation	Shoemaker			Where Residing if not at place of death			
Married, Single or Widowed	Married		Name of Wife or Husband	Catherine Nichols			
Father's Name	Not known					Father's Birthplace	
Mother's Maiden Name	" "					Mother's Birthplace	
Name of person giving In formation	Jacob Fitz -					How related to deceased	Son in Law.

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	General Debility		How long	8 or 10 yrs
Immediate	Uremia		How long	2 weeks
Are the name, age, sex, color, date and place correctly given above?		Yes		
Signature of Physician		Charles R. Ford		
Address		Hartmann		
Accident or Suicide?		No		

Meadow Branch Cemetery

Name  
in  
Full

Robt - Le Roy Phelps

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at <sup>Town</sup> Mt. Airy <sup>County</sup> Carroll

Date of death 1906 <sup>Month</sup> August <sup>Day</sup> 15<sup>th</sup> <sup>Age</sup> <sup>Years</sup> <sup>Month</sup> 1 <sup>Days</sup> a few

Sex Male <sup>Color or Race</sup> White <sup>Birth-place</sup> Baltimore

Occupation <sup>Where Residing if not at place of death</sup>

Married, Single or Widowed <sup>Name of Wife or Husband</sup>

Father's Name Francis A. Phelps <sup>Father's Birthplace</sup> Baltimore

Mother's Maiden Name Blanche A. Birney <sup>Mother's Birthplace</sup> Baltimore

Name of person giving information Father <sup>How related to deceased</sup>

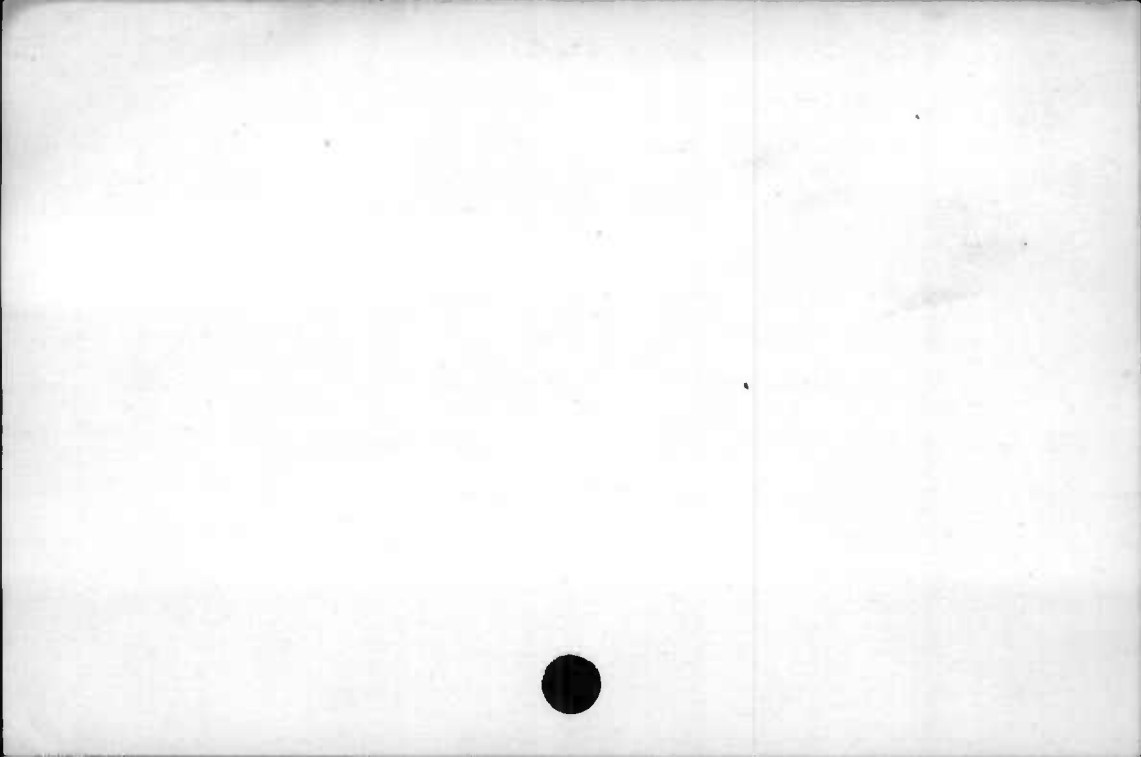
CAUSES OF DEATH

Primary Marasmus <sup>How long</sup> <sup>How long</sup>

Immediate <sup>Are the name, age, sex, color, date and place correctly given above?</sup> Yes

<sup>Signature of Physician</sup> W. E. Faver <sup>Address</sup> Mt Airy Md

Accident or Suicide?



Name  
in  
FullNo. 58  
CERTIFICATE OF DEATHTO BE ANSWERED BY  
NEAREST FRIEND

Name <i>Jamie May Pool</i>			Town <i>near Gamber</i>		County <i>Carroll</i>		MARYLAND										
Died at		Date of death		Month		Day		Age		Years		Months		Days			
		<i>1906</i>		<i>Aug</i>		<i>26</i>		<i>11</i>		<i>8</i>		<i>14</i>					
Sex		<i>Female</i>		Color or Race		<i>White</i>		Birth-place		<i>Maryland</i>							
Occupation		Where Residing if not at place of death															
Married, Single or Widowed		<i>Single</i>		Name of Wife or Husband													
Father's Name		<i>Nathan G Pool</i>										Father's Birthplace		<i>Maryland</i>			
Mother's Maiden Name		<i>Martha W. Philips</i>										Mother's Birthplace		<i>Id</i>			
Name of person giving information		<i>Nathan G Pool</i>										How related to deceased		<i>Father</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary		<i>Typhoid fever</i>		How long		<i>3 weeks</i>	
Immediate		<i>Intestinal perforation</i>		How long		<i>2 days</i>	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		<i>Dr. S. N. Gouch</i>			
		Address		<i>Gamber Md</i>			
Accident or Suicide?							



Name  
in  
Full

Gertrude Margaret Sanders.

## CERTIFICATE OF DEATH

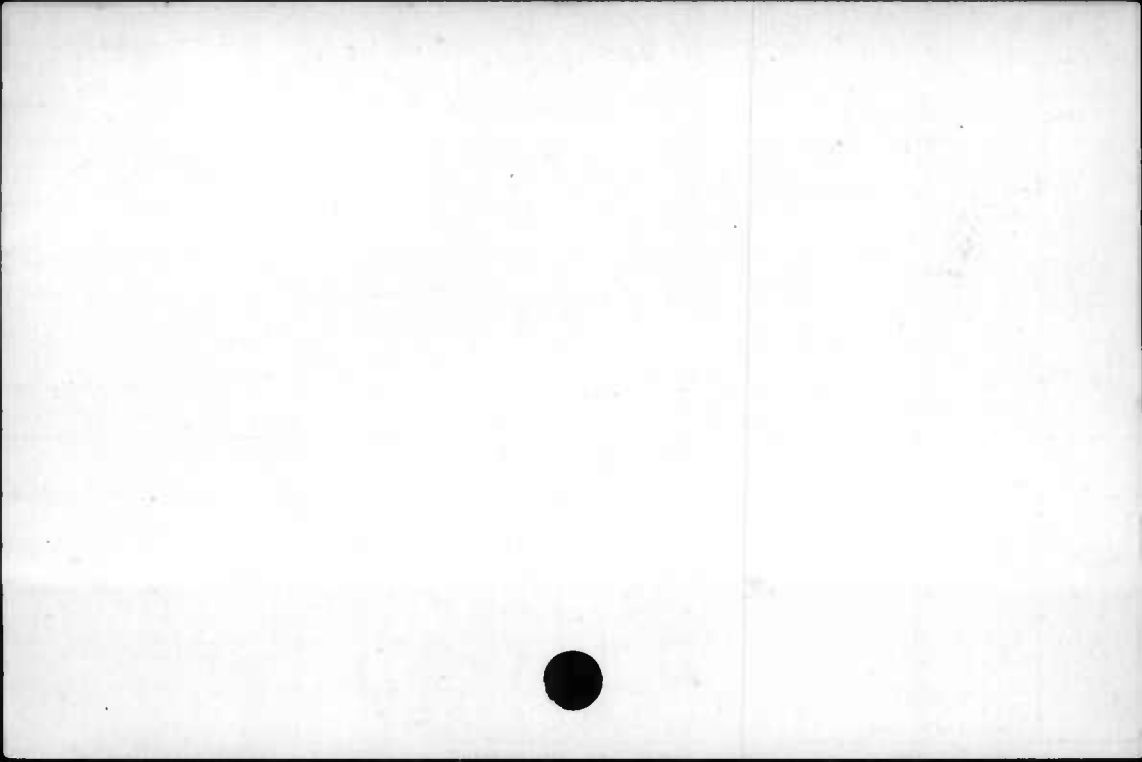
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>near Pancytown</i>		County <i>Carroll</i>		MARYLAND	
Date of death	1906	Month	August	Day	23
Age	13	Years		Months	6
				Days	8
Sex	<i>Female</i>		Color or Race	<i>White</i>	
Occupation			Birth-place	<i>Ind. Co. Ind.</i>	
Where Residing if not at place of death					
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband		
Father's Name	<i>William Edmund Sanders.</i>		Father's Birthplace	<i>Adams Co. Pa.</i>	
Mother's Maiden Name	<i>Mary Francis Myers.</i>		Mother's Birthplace	<i>Adams Co. Pa.</i>	
Name of person giving information	<i>J. E. Sanders.</i>		How related to deceased	<i>Father</i>	

## CAUSES OF DEATH

Primary	<i>Cerebro-Spinal Meningitis</i>	How long	<i>3 weeks.</i>
Immediate	<i>Failure of Respiration</i>	How long	<i>4 hours.</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>L. H. Seiss. M.D.</i>	
		Address	
		<i>Pancytown.</i>	
		<i>Ind.</i>	
Accident or Suicide?			

PHYSICIAN  
OR CORONER



Name  
in  
Full

Melvin Franklin Shearer

## CERTIFICATE OF DEATH

MARYLAND

Died at  
Lineboro

Town

Carroll

County

Date  
of death 1906 Aug.

Month

Day

6

Age 2.

Years

Months

0

Days

1.

Sex Male

Color or  
Race

white

Birth-  
place Millers Md

Occupation

Where Residing If not  
at place of deathMarried, Single  
or WidowedName of Wife or  
HusbandFather's  
Name William F. Shearer.Father's  
Birthplace Balto Co Md.Mother's  
Maiden Name Ida BuftMother's  
Birthplace Balto Co Md.Name of person giving  
In formation Mrs W. F. Shearer.How related  
to deceased Mother

## CAUSES OF DEATH

Primary

Dysentery

How long Six days

Immediate

Convulsions

How long

Are the name, age, sex, color, date  
and place correctly given above?

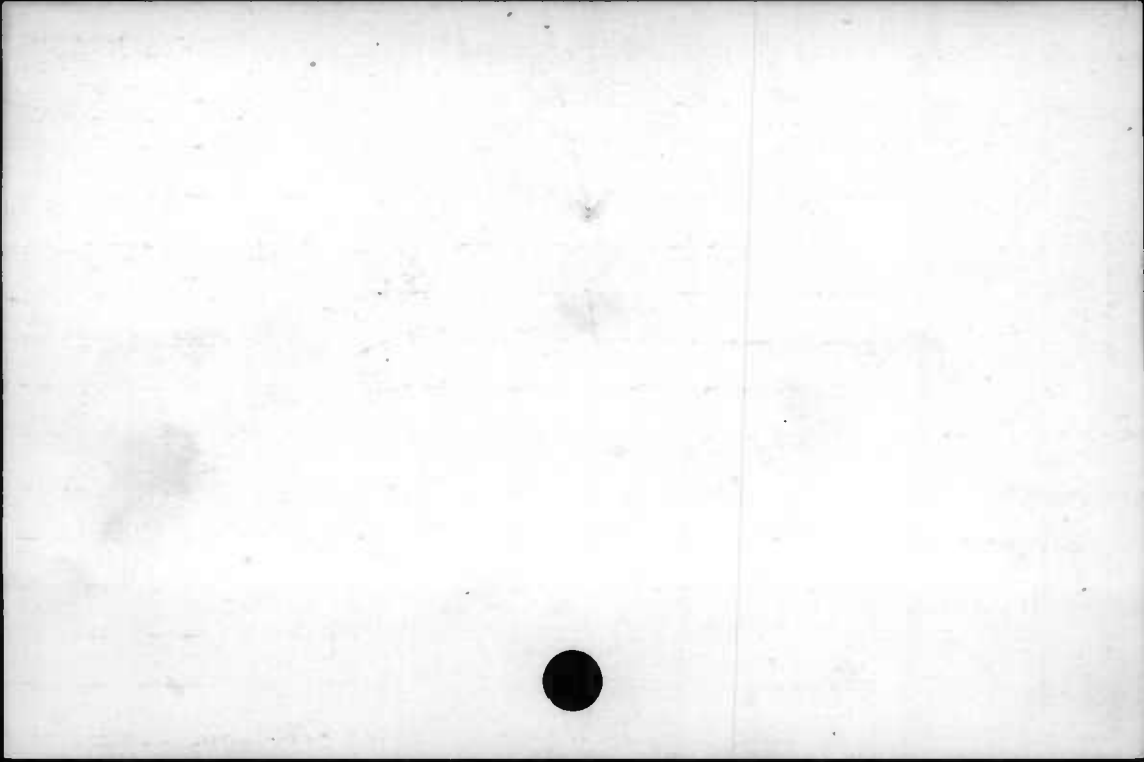
yes

Signature of  
PhysicianT. Howard Mertz,  
Lineboro  
Md

Address

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name

in  
Full

## CERTIFICATE OF DEATH

Alice Shipley

Town

Lykesville

County

Carroll

MARYLAND

Died at

Date

of death

1906

Month

August

Day

7<sup>th</sup>

Age

Years

55

Months

-

Days

-

Sex

Female

Color or  
Race

White-

Birth-  
place

Md

Occupation

Housekeeper

Where Residing If not  
at place of death

-

Married, Single  
or Widowed

Widowed

Name of Wife or  
Husband

?

-

Shipley

Father's  
Name

? -

Woodward

Father's  
Birthplace

?

Mother's

Maiden Name

?

Mother's  
Birthplace

?

Name of person giving  
information

G. A. Iglehart

How related  
to deceased

No relationship.

## CAUSES OF DEATH

Primary

Organic Dementia

(18)

How long

1 over  
1/2 year

Immediate

Exhaustion

How long

-

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

John Norfolk Morris, M.D.

Address

Springfield Hospital  
Lykesville, Carroll Co. Md.

Accident or Suicide?

-

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
In  
Full

William Albert Shoemaker

## CERTIFICATE OF DEATH

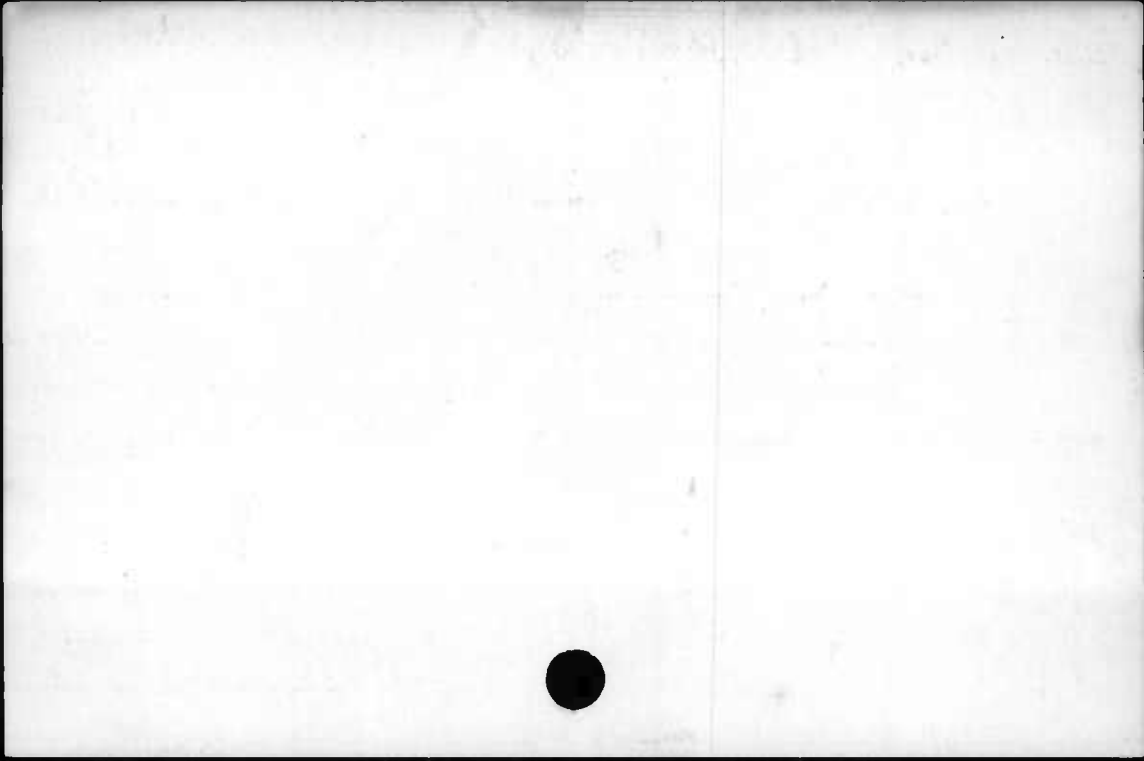
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Harney</i> <small>Town</small>		<i>Carroll</i> <small>County</small>		MARYLAND	
Date of death	<i>1906</i>	Month <i>8</i>	Day <i>31</i>	Years <i>63</i>	Months <i>1</i>
Age <i>63</i>		Days <i>13</i>			
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Med</i>		
Occupation <i>Farmer</i>		Where Residing If not at place of death			
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Amanda Shoemaker</i>				
Father's Name <i>William Shoemaker</i>	Father's Birthplace <i>Ind</i>				
Mother's Maiden Name <i>Mariah Benner</i>	Mother's Birthplace <i>Pa</i>				
Name of person giving information <i>Amanda Shoemaker</i>	How related to deceased <i>Wife</i>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Volvulus? Obstruction of bowels</i>	How long <i>3 days</i>
Immediate	<i>Exhaustion &amp; Shock</i>	How long <i>Shore -</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Charles Ross</i>
		Address <i>Tarrytown N.Y.</i>
Accident or Suicide?		



Name  
in  
Full

Margaret Shriner

52

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Westminster</u> <small>Town</small>		<u>Carroll</u> <small>County</small>		MARYLAND					
Date of death	1906	Aug.	8	Age	87	Months	9	Days	11
Sex	Female		Color or Race	White		Birth-place	Maryland		
Occupation			Where Residing if not at place of death						
Married, Single or Widowed	Single		Name of Wife or Husband						
Father's Name	Abraham. Shriner					Father's Birthplace	Maryland		
Mother's Maiden Name	Anna Mary Johnney					Mother's Birthplace	Id		
Name of person giving information	Geo Shriner					How related to deceased	Nephew		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Old age	How long	Some months
Immediate	Heart Failure	How long	6 " "
Are the name, age, sex, color, date and place correctly given above?	-		
Signature of Physician	Jas. H. Bellinger M.D.		
Address	Westminster Md		
Accident or Suicide?	no		

Sharon  
Uniontown

Name  
in  
Full

Daniel H Stansbury

## CERTIFICATE OF DEATH

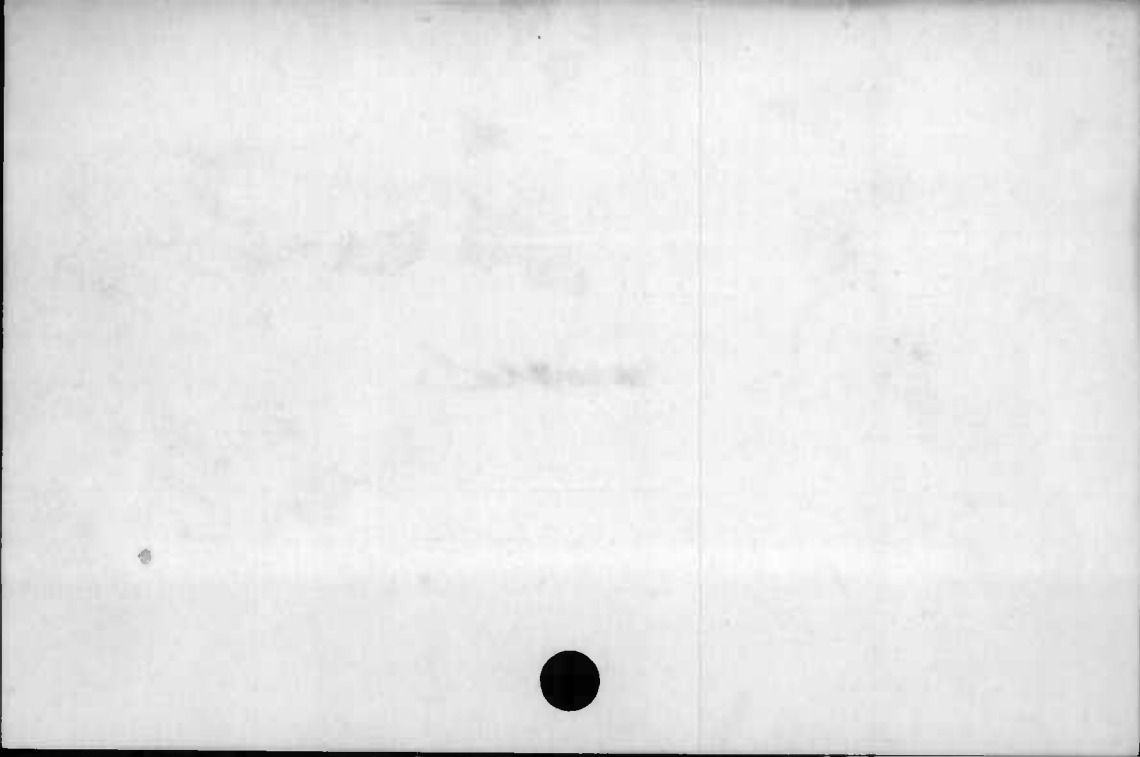
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Greenmount Carroll Co Md</i>		County <i>Carroll</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>aug</i>	Day <i>6</i>	Age <i>44</i>	Months <i>6</i>	Days <i>29</i>
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Near Greenmount</i>	
Occupation <i>Ret Farmer</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>H. Annie Stansbury</i>			
Father's Name <i>Geo L Stansbury</i>				Father's Birthplace	
Mother's Maiden Name <i>Margaret A <del>Franklin</del></i>				Mother's Birthplace	
Name of person giving information <i>Joe Stansbury</i>				How related to deceased <i>Bro</i>	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Texas Pulmonaric</i>	How long	<i>10 yrs</i>
Immediate	<i>hemorrhage</i>	How long	<i>4 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Dr. Mervin G. M.</i>	
		Address <i>Manchester Md</i>	
Accident or Suicide?			



Name in Full

Certificate of Death

Samuel Jacob Webster

Town

County

Carroll

MARYLAND

Died at

Lumbertown

Date 1906

Month

Day

Aug 25

Y.

M.

D.

8 20

Native of

Pennsylvania

Occupation

189

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband  
of  
Wife

Father's

Name

W H Webster

Mother's

Name

Elsie Hershey

Cause of

Primary

Cholera Infantum

How long sick

1 day

Death

Immediate

Accident, Suicide, Homicide

Reported by

J H Sherman

Address

Manchester Carroll Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 1896



TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Johannville</i> Town		<i>Seauell</i> County		MARYLAND		
	Date of death	1906	Month	August	Day	25 <sup>th</sup>	
	Age		Years	2	Months		
	Sex		Female	Color or Race	colored	Birth-place	Md
	Occupation		Infant	Where Residing if not at place of death		Johannville	
	Married, Single or Widowed		Name of Wife or Husband				
	Father's Name		<i>George Witaker</i>		Father's Birthplace		Md
Mother's Maiden Name		<i>Louise Dorsey</i>		Mother's Birthplace		Md	
Name of person giving information		<i>George Witaker</i>		How related to deceased		Father	

CAUSES OF DEATH		
Primary	<i>Peritonitis</i>	How long
Immediate	<i>Peritonitis</i>	How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician
		Address
Accident or Suicide?		

116

*Harry F. Leuley (Coroner)*  
*Sykesville Md*

*Perdonitis*

Name  
in  
Full

Mrs Ellen

Wolfe

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at <sup>Town</sup> *Henrytown*<sup>County</sup> *Carroll*Date of death *1906 Aug*

Month

Day *30*Age *79*

Years

Months

Days

Sex *Female*Color or  
Race*White*Birth-  
place*Carroll Co., Md*

Occupation

Where Residing If not  
at place of deathMarried, Single  
or WidowedName of Wife or  
Husband*C. A. S. Wolfe - deceased*Father's  
Name*John B. Derries*Father's  
Birthplace*Carroll Co.,*Mother's  
Maiden Name*Sarah King*Mother's  
Birthplace*Batts, Co.*Name of person giving  
In formation*Otavius Derries*How related  
to deceased*2<sup>nd</sup> Cousin*

## CAUSES OF DEATH

Primary

*Gastritis*

How long

*8 or 10 days*

Immediate

*Failure of Circulation*

How long

Are the name, age, sex, color, date  
and place correctly given above?*Yes*Signature of  
Physician*Samuel B. Sprecher*

Address

*Sykesville  
Md.*

Accident or Suicide?

PHYSICIAN  
OR CORONER

